

**Utah FY 2011  
Preventive Health and Health Services  
Block Grant**

**Annual Report**

**Annual Report for Fiscal Year 2011**

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<b>Contents</b>	<b>Page</b>
Executive Summary	3
Environmental Epidemiology	4
8-11 Blood lead	4
8-18 Radon	11
8-27 Monitoring of environmental diseases or conditions	16
20-7 Elevated blood lead levels from work exposure	19
Falls Prevention Among Older Adults Pilot Project	25
15-27 Falls	25
LHD Partnership for Injury Prevention	36
15-13 Unintentional injury deaths	36
LHD Partnerships for Promoting Healthy Weight	51
19-3 Overweight or obesity in children and adolescents	51
Office of Public Health Assessment	61
23-2 Public health access to information and surveillance data	61
Physical Activity, Nutrition, and Obesity	79
19-3 Overweight or obesity in children and adolescents	79
Prevention of Rape or Attempted Rape	90
15-35 Rape or attempted rape	90

## Executive Summary

The Utah Department of Health (UDOH) uses Preventive Health and Health Services Block Grant (PHHSBG) funding for critical public health programs and infrastructure. PHHS BG funds are allocated to those health concerns that have no other source of state or federal funds or wherein combined state and federal funds are insufficient to address the extent of the problem. About 55% of PHHSBG funds are allocated to local agencies.

### **Highlight of proposed FY2011 Efforts:**

**Environmental Epidemiology:** Implement efforts to reduce blood lead levels in high risk children and workers, and to increase awareness of and testing for radon and carbon monoxide.

**Physical Activity, Nutrition, and Obesity and Local Health Department Partnerships for Obesity:** Implement efforts to prevent obesity through policy and environmental changes in schools and communities to support healthy eating and physical activity. Supported efforts include the Gold Medal Schools program. Funding supports both state and local efforts, via Utah's Local Health Departments and Schools.

**Local Health Department Partnerships for Injury Prevention:** Work with Local Health Departments and other partners to implement strategies to reduce injury-related morbidity and mortality, with a focus on seat belt use among teens.

**Injury Prevention--Preventing Falls:** Define the burden of falls in Utah, and prepare a burden report. Convene a Fall Prevention Coalition to bring partners together to address the topic. Pilot test evidence-based falls prevention efforts in a targeted area in Utah County, that has the highest rate of hospitalizations caused by falls in the state. (one-time pilot)

**Public Health Assessment:** Expand and improve access to on-line data, including community indicators and a new community profile system. The IBIS-PH query system is state-of-the-art and places Utah as a leader in accessible public health data.

**Rape Crises and Prevention:** (Federally mandated set-aside) Provide rape crises intervention services, including a 24 hour toll-free hotline, and training to other rape crises centers, with a focus on Hispanic/Latino populations in Salt Lake County.

The **UDOH Health Advisory Council (HAC)** continues to provide the advisory function for the PHHSBG. The HAC, which provides overall advice to UDOH, meets regularly and co-conducts the annual public hearing for the PHHSBG. During FFY 2010, the HAC received an update on the fall prevention pilot, progress of HP2020 Objective development, and discussed strategies for improving public attendance at the mandatory hearing. HAC conducted a public hearing on October 26, 2010, for comment on the proposed FFY 2011 application and budget.

**State Program Title: Environmental Epidemiology****State Program Strategy:**

**Goal:** The Environmental Epidemiology Program (EEP) addresses environmental hazards and disease in Utah, and provides services to identify and evaluate environmental health risks. The mission of the EEP is to develop and support programs to prevent or reduce the potential for acute and chronic morbidity and mortality associated with environmental and occupational factors. Those factors include exposure to toxic substances, reproductive hazards, unsafe home and work environments, and agents responsible for debilitating diseases. The EEP continues to expand and develop ways to educate and protect the residents of Utah through an effort to establish Healthy Homes with lead, radon, carbon monoxide and secondhand smoke poison awareness and prevention.

**Primary Internal and External Strategic Partnerships:**

Utah Environmental Public Health Tracking Program, Baby Your Baby Program, Health Care Financing, WeeCare Program, Utah Tobacco Program, Hazardous Substances Emergency Events and Surveillance Program (HSEES), Utah's Indicator-Based Information System for Public Health (IBIS-PH) and the Utah Refugee Health Program. Utah's 12 local health departments (LHDs), Centro de la Familia de Utah/Migrant Headstart Program, Utah Department of Environmental Quality, United States Environmental Protection Agency, Utah Department of Community and Economic Development, Utah Poison Control Center and the Utah Occupational Safety and Health Administration.

**Role of PHHS BG Funds:** The Preventive Health and Health Services Block Grant (PHHSBG) funds provide administrative direction to all EEP activities and support specific activities. These PHHSBG funds support Utah Department of Health's ability to obtain other grants, to direct those grants appropriately, and to coordinate those categorical grants into a more comprehensive approach that benefits the people of Utah.

**Evaluation Methodology:** Healthy Homes surveillance data will be used to evaluate progress toward the overall program goals of eliminating exposures to lead, radon, and carbon monoxide. Data will be shared with federal, state and local programs to monitor progress and results will be tracked and trends will be evaluated.

**National Health Objective: 8-11 Blood lead****State Health Objective(s):**

Between 10/2010 and 09/2011, Decrease the prevalence of blood lead levels  $\geq 10$  micrograms per deciliter ( $\mu\text{g/dL}$ ) in children ages 0 through 72 months who are tested to less than 1.8%.

**State Health Objective Status**

Met

**State Health Objective Outcome**

During 2010, the Healthy Homes Coordinator received, 5,002 blood lead tests of children ages, 0-72 months of age. Of those 5,002 children tested, 37 had an elevated blood lead test for a prevalence of 0.7%.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

The PHHSBG funds supports staff to maintain the Utah Blood Lead Registry, which is critical not only DOH, but other environmental health partners working to help prevent and mitigate exposure to lead.

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES****Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Report blood lead levels**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will publish **one** report on the prevalence of elevated blood lead levels in children ages 0 to 72 months of age with identified risk factors associated with childhood lead poisoning on the IBIS-PH website.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator published **one** report on the prevalence of elevated blood lead levels in children ages 0 to 72 months of age with identified risk factors associated with childhood lead poisoning on the IBIS-PH website.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Evaluate monthly blood lead data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate monthly blood lead data of children 0 to 72 months of age to determine blood lead levels and ascertain statistical trends and patterns.

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator collected 5,127 blood lead results of children ages 0-72 months old from laboratories, on a weekly, monthly and quarterly basis. The blood lead reports submitted by the laboratories are sent either electronically, mailed (hard copy) or by fax. Of the 5,127 children tested, 37 had an EBLL, for a prevalence of 0.8%. The overall prevalence in Utah continues to decrease from 4.0% in 1996 to 0.8% in 2010 based on those children tested.

**Reasons for Success or Barriers/Challenges to Success**

Since 2000, the Environmental Epidemiology program has been providing lead poisoning prevention education to the residents and physicians throughout Utah. The success of this program has made residents and physicians in Utah more aware of the risk factors and routes of exposures to lead, how to prevent exposures, and to encourage blood lead testing for those children who are at greatest risk.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Evaluate annual blood lead data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate blood lead surveillance data for calendar year 2010 and compare results to national rates and Utah's previous yearly rates. (Descriptive statistics will be used to analyze the number of tests performed and trend over time for elevated blood lead levels.)

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator received 5,002 blood lead results of children ages 0-72 months old. Of the 5,002 children tested, 37 had an EBLL, for a prevalence of 0.7%. The prevalence of children with an EBLL in Utah during 2010, is the same as the previous year of 0.7% and below the national average of 2.2% in 2000. The overall prevalence in Utah continues to decrease from 4.0% in 1996 to 0.7% in 2010. During 2010, there were more males (51%) than females (49%) identified as having been tested for lead. Of those children with an EBLL, 57% were male and 43% were female, which is a decrease in males (63%) and a increase in females (37%) in 2009.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 2 – Diagnose and Investigate****Impact/Process Objective 1:****Increase blood lead tests**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will increase the number of blood lead tests conducted in children 0-72 months of age who are in high risk groups that include Medicaid, WIC, living in older housing, and geographic areas where the soil is contaminated from 3,526 children tested in 2000 to **4,000 children**.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator increased the number of blood lead tests conducted in children 0-72 months of age who are in high risk groups that include Medicaid, WIC, living in older housing, and geographic areas where the soil is contaminated from 3,526 children tested in 2000 to **4,225**.

**Reasons for Success or Barriers/Challenges to Success**

Since 1999 the Environmental Epidemiology Program collaborated with other entities in providing education, identifying children at risk in areas throughout Utah and promoting the need for blood lead testing and encouraging physicians to follow the guidelines for recipients of Medicaid, the EEP has been able increase testing among high risk children in Utah.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Lab status**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will conduct quarterly reviews of the clinical laboratories to ensure blood lead tests are being reported.

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator received 5,002 blood lead results of children ages 0-72 months old from laboratories, on a daily, weekly, monthly and quarterly basis. The blood lead reports being submitted, by the laboratories are sent either electronically, mailed or by fax. Currently, there are eight laboratories reporting to the EEP and six of those are reporting electronically.

**Reasons for Success or Barriers/Challenges to Success**

The Utah Injury Reporting Rule states that only blood lead levels of 10 mcg/dL or more are to be reported to the Utah Department of Health. One laboratory used to report all blood lead results a, but since HIPAA requirements were administered, the laboratory began reporting results that are 10 mcg/dL or greater. It is difficult to get a true prevalence without this data. The laboratory was a significant reporting contributor that made up close to one fourth of the total data submitted to the UDOH Environmental Epidemiology Program.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The UDOH, EEP has found that, currently, it is not feasible to change the Injury Reporting Rule to include all blood lead tests, but will continue to evaluate the possibility of being able to make such a recommendation and as other information is made available by the Centers for Disease Control and Prevention.

**Activity 2:****Partner with Baby your Baby**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collaborate with the Utah Baby Your Baby program to include blood lead screening and educational information in the newsletters that are provided to new parents.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator continues to collaborate with and support the Utah Baby Your Baby Program by updating the information on blood lead screening, awareness and risk factors associated with lead poisoning in their "Baby Your Baby Keepsake" booklets and newsletters. The booklets and newsletters are given to parents whose child is from newborn through age two. In 2010, there were 30,034 booklets and 7,707 newsletters distributed to parents throughout Utah, which is an increase from 2009, from 29,870 booklets and 6,398 newsletters.

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator and the Utah Baby Your Baby Program have a great collaboration between programs to assist and educate Utah residents in ways to protect and promote the health and well being of children.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:**

**Testing with Migrant Head Start**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will assist with and ensure that blood lead testing of Migrant Head Start children is conducted annually, with all children enrolled. Increase lead poisoning awareness to parents of children 0 to 72 months of age by providing lead prevention and educational materials at each testing session during the months of June through August.

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator continues to collaborate with Centro de la Familia/Migrant Head Start program (MHSP) to provide blood lead testing supplies and conduct blood lead analysis for 289 children enrolled in Centro de la Familia de Utah, MHSP. Of the 289 children tested, one child had an EBL. The Healthy Homes Coordinator provided 300 lead education and prevention materials to the MHSP and were distributed to the parents/guardians of those tested and to MHSP staff.

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator serves on Centro de la Familia's, Health Service Advisory Council, as the Chairman of the committee. Centro de la Familia and the Healthy Homes Coordinator have been working together since 2000, to provide education and blood lead testing to the children and parents served by Centro de la Familia.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 4:****Testing Children in Eureka**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will assist the Environmental Epidemiology Program/Health Hazard Assessment program with conducting blood lead testing of the children in Eureka, Utah. Eureka has been impacted from past mining activities, which caused the soil in and around Eureka to be contaminated, especially where children play.

**Activity Status**

Completed

**Activity Outcome**

During 2009, the Healthy Homes Coordinator assisted the EEP/Health Hazard Assessment program by conducting blood lead testing for the children in Eureka, Utah. During the testing incentives are provided to those children tested and educational material is given to parents and children. In 2010, there were 20 children tested and of those tested, none had an EBL.

**Reasons for Success or Barriers/Challenges to Success**

The testing, education and remediation being performed and implemented in the town of Eureka, Utah has been a collaboration between the local health department, Utah Department of Health/EEP, Utah Department of Environmental Quality and the United States Environmental Protection Agency.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:**



**Education in high-risk population**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will provide lead poisoning prevention and educational materials to 100% of the parents of children 0 to 72 months of age tested in the Migrant Head Start Program in Utah.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator provided lead poisoning prevention and educational materials to 100% of the parents of children 0 to 72 months of age tested in the Migrant Head Start Program in Utah.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Distribute educational materials**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collaborate with Centro de la Familia de Utah, Migrant Head Start program to increase awareness of lead poisoning by providing prevention and educational materials to parents of children 0 to 72 months of age who received a blood lead test at the Centro. The educational materials will be distributed to all parents during their annual in-service meeting. The Healthy Homes Coordinator will also distribute lead poisoning prevention and secondhand smoke prevention materials at Centro de la Familia's six head start centers throughout Utah, a Utah soccer league group for minorities, the West/Central Salt Lake City Children's Environmental Health & Environmental Justice Project & Children's Health Month Celebration and each of the 12 local health districts.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator distributed 1720 educational materials about blood lead poisoning and secondhand smoke exposure to the six centers of Centro de la Familia de Utah's, the Utah Department of Health, ten libraries and each of the 13 local health districts throughout Utah.

**Reasons for Success or Barriers/Challenges to Success**

The EEP has great collaboration with Centro de la Familia de Utah, libraries and the local health districts in Utah.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Impact/Process Objective 2:****Blood lead education in Utah**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will provide lead poisoning prevention and educational materials to 100% of the parents of children tested at the annual blood lead testing session in Eureka, Utah.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator provided lead poisoning prevention and educational materials to 100% of the parents of children tested at the annual blood lead testing session in Eureka, Utah.

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator assists at the annual blood lead testing session in Eureka, Utah and provided educational materials to all parents attending.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Distribute lead educational materials**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collaborate with the Environmental Epidemiology Program/Health Hazard Assessment program, the U.S. Environmental Protection Agency (EPA) and the Utah Department of Environmental Quality (UDEQ), to provide educational materials to parents and children on how to prevent lead poisoning, especially relating to lead contaminated soil, at the annual blood lead testing session in Eureka.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator provided educational materials relating to lead contaminated soil in Eureka, Utah, to educate parents and children about the health risks of lead poisoning, how to prevent or minimize their exposure to lead. There were 50 educational materials distributed to the residents of Eureka who attended the annual blood lead testing session.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Maintain website**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will maintain the child blood lead website and IBIS-PH website to provide educational materials and blood lead data.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator maintains and updates the child blood lead website and the IBIS-PH website with educational information and blood lead data on a monthly and annual basis.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**National Health Objective: 8-18 Radon****State Health Objective(s):**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will assist the Utah Radon Program in increasing the number of radon tests performed to at least 1000 and provide awareness regarding the dangers of radon gas and the importance of testing the home in areas with an increased risk of radon gas poisoning.

**State Health Objective Status**

Exceeded

**State Health Objective Outcome**

During 2010, the Healthy Homes Coordinator assisted the Utah Radon Program to increase the number of radon tests through media campaigns, poster contests, and events through Habitat for Humanity and the Miller Sports Park.

In 2010 and 2009, there were 3,353 and 2,231 short and long-term tests conducted in Utah respectively.

Education materials about the health effects from exposure to radon gas, how to test for and mitigate radon, if levels exceeded 4 pCi/L were distributed. The Utah Radon Program has been collecting data for the past 20 years and estimate that one third of the homes in Utah have elevated radon levels ( $\geq 4.0$  pCi/L).

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

The UDOH would have no capacity to address this important environmental health area, without PHHSBG funding. PHHSBG supported staff is able to educate residents throughout Utah about the need for testing, and the risks and health effects of radon gas poisoning. Additionally, funding supports staff capacity to interact with external partners to influence and coordinate activities.

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES****Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Conduct radon tests and awareness**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will identify **100** residences for radon testing in Utah and provide radon awareness to Utah residents.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator identified **100** residences for radon testing in

Utah and provide radon awareness to Utah residents.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Identify residences to receive radon tests**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will continue to coordinate with the Utah Department of Air Quality/Radon program to randomly select 100 residences, within five high risk counties in Utah, to receive a short-term radon test kit.

**Activity Status**

Completed

**Activity Outcome**

There were 20 residences identified in each of five high risk counties throughout Utah and each were provided a short-term radon test kit.

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator has a great working relationship with the Utah Department of Air Quality/Radon program to administer radon test kits and provide education.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Provide radon test kits**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute short-term radon test kits to a total of 100 residences identified within five high risk counties.

**Activity Status**

Completed

**Activity Outcome**

In Utah, there were a total of 100 short-term radon test kits distributed to residences in five high risk counties.

**Reasons for Success or Barriers/Challenges to Success**

The Utah Department of Air Quality/Radon program has radon distribution data, showing high risk areas, in Utah. The EEP and UDAQ/Radon program collaborate to use this data to identify targeted areas to provide short-term radon test kits.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 2 – Diagnose and Investigate**

**Impact/Process Objective 1:**

**Collect and analyze data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate **100** radon test results received from residences that received a short-term radon test kit. The data will be analyzed to ascertain trends and patterns of elevated radon levels in Utah.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator evaluated **100** radon test results received from residences that received a short-term radon test kit. The data will be analyzed to ascertain trends and patterns of elevated radon levels in Utah.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Analyze radon testing**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collect and analyze radon testing data, which were sent to 100 residences, in Utah, to ascertain trends and patterns of elevated radon levels in Utah.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator, in collaboration with the Utah Department of Environmental Quality, Radon Program, distributed 100 radon test kits. Radon awareness continues to increase in Utah, by the increase in testing from 2009 (2,231 short/long-term tests) to 2010 (3,353 short/long-term tests). The number of radon mitigations have also increased from 457 in 2009 to 596 in 2010.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Maintain tracking database**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will continue to assist Utah's Radon Program in maintaining the radon test result database, for those homes being tested for radon levels.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator continues to assist the Utah Radon Program in maintaining the radon test database in Utah.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 3 – Inform and Educate**

**Impact/Process Objective 1:**

**Radon education - high-risk families**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute educational materials about the health effects of radon, how to test properly, how to prevent radon exposure and how to mitigate or lower radon levels in their home, to **100%** of the residents with an elevated radon level.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator distributed educational materials about the health effects of radon, how to test properly, how to prevent radon exposure and how to mitigate or lower radon levels in their home, to **100%** of the residents with an elevated radon level.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Education to high risk families**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will provide educational materials about the health effects of radon, how to test properly and prevent radon exposure to 100 residents receiving a short-term radon test kit. Those identified with an elevated radon level (greater than or equal to 4 pCi/L), provide information on how to mitigate or lower radon levels in their home.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator provided educational materials to residents receiving a short-term test kit and those with elevated radon levels were provided information on mitigation strategies.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Maintain website**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will update and maintain the EEP website and the IBIS-PH indicator about radon.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator maintained and updated the EEP website and the IBIS-PH indicator about radon as needed.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Impact/Process Objective 2:****Radon education - high-risk communities**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute educational materials about radon awareness/prevention and second-hand smoke to **10 libraries, 5 local health departments and to at least 3 events for the National Radon Tee Campaign for Utah** in high-risk communities, identified by the Utah Radon program.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator distributed educational materials about radon awareness/prevention and second-hand smoke to **10 libraries, five local health departments and at four events for the National Radon Tee Campaign for Utah** in high-risk communities, identified by the Utah Radon program.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Education in high-risk communities**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will contact and distribute radon awareness/prevention materials and second-hand smoke to libraries, local health departments and events held in Utah for the national Radon Tee campaign, a national campaign to raise awareness about radon exposure sponsored by Cancer Survivors Against Radon.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator in collaboration with the Utah Radon Program, local health departments, Habitat for Humanity, Miss Utah, Huntsman Cancer Institute and the Cancer Survivors Against Radon, using the Radon Tee campaign provided awareness activities and prevention materials to the residents of Utah at several activities in Utah.

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator has great working relations with the Utah Radon Program, local health departments and other programs, to promote radon awareness in Utah.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**National Health Objective: 8-27 Monitoring of environmental diseases or conditions**

**State Health Objective(s):**

Between 10/2010 and 09/2011, The Healthy Homes Coordinator will increase the number of carbon monoxide detectors distributed in homes by 10% and increase public awareness about carbon monoxide poisoning prevention.

**State Health Objective Status**

Exceeded

**State Health Objective Outcome**

During 2010, the Healthy Homes Coordinator distributed 40 carbon monoxide (CO) detectors in homes in Salt Lake and increase of over 30%, Weber, Box Elder, Utah and Juab counties. In 2008 and 2009, there were 30 and 33 carbon monoxide detectors distributed in Utah respectively. Carbon monoxide prevention materials were given to all recipients of the CO detectors and to those in attendance at the parent education events.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

PHHSBG funds provide capacity to the UDOH that allows the agency to collaborate with key partners we otherwise would not have the capacity to interact with, and to obtain and distribute carbon monoxide detectors and educational materials.

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

**Essential Service 1 – Monitor health status**

**Impact/Process Objective 1:**

**Carbon Monoxide Poisoning Data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will obtain **100%** of reportable CO injury data that created a public health action (eg., evacuation, emergency personnel response, etc.) in Utah and determine high-risk areas and/or causation of CO poisoning.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator obtained **100%** of reportable CO injury data



that created a public health action (eg., evacuation, emergency personnel response, etc.) in Utah and determine high-risk areas and/or causation of CO poisoning.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Obtain data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will continue to coordinate with the Hazardous Substance Emergency and Event Surveillance (HSEES) program to obtain data on carbon monoxide poison events that created a public health action.

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator, in collaboration with the HSEES program and Utah Environmental Public Health Tracking program (UEPHTP), continued to maintain the database created for tracking carbon monoxide-related morbidity and mortality occurrences.

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator and the HSEES program have a great working relationship in sharing data and resources.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Create database and analyze results**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will maintain the database to track the causes of carbon monoxide poisoning and where the incident occurred. Analyze the database to ascertain trends and guide outreach educational activities.

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator, in collaboration with the HSEES program and the Utah Environmental Public Health Tracking program (UEPHTP), continued to maintain the database created for tracking carbon monoxide-related morbidity and mortality occurrences.

The carbon monoxide data obtained from the EPHTP indicated that in 2009\*, there were 260 persons that went to the hospital for carbon monoxide exposure. The ICD 9 codes used, from the injury data were 986-Toxic effects of CO, 9860-Toxic effects of CO, E8682-Poison exhaust gas, E8683-Poison exhaust gas, E8688-Poison CO NEC, E8689-Poison CO NOS, E9520 Poison exhaust gas, E9521-CO NEC, E9820-Undetermined Poison exhaust gas, E9821-Undetermined poison CO NEC. (\*Data for 2010 is not yet available)

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator has a great working relationship with the HSEES and UEPHTP programs.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 3 – Inform and Educate**

**Impact/Process Objective 1:**

**Provide CO detectors and educational materials**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will provide carbon monoxide detectors and educational materials to 33 Utah residences and distribute CO poisoning prevention materials to 10 libraries and five local health departments in Utah.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator provided carbon monoxide detectors and educational materials to 40 Utah residences and distribute CO poisoning prevention materials to 10 libraries and five local health departments in Utah.

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Homes Coordinator collaborates with the libraries, local health departments and participants at LEPC meetings which are willing to provide educational materials to the residents in their communities throughout Utah. In addition, the Healthy Homes Coordinator in collaboration with the Utah Department of Air Quality and Rocky Mountain Power, wrote and distributed a public health announcement to the residents of Utah about CO poisoning awareness and prevention guidelines.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Distribute CO detectors and educational materials**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute a CO detector and CO poisoning prevention materials to 33 Utah residences.

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator distributed 40 carbon monoxide detectors and prevention materials to those residents receiving the CO detectors.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Maintain website**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will update and maintain information about carbon monoxide poisoning on the EEP website.

**Activity Status**

Completed

**Activity Outcome**

During 2010, the Healthy Homes Coordinator maintained and updated EEP's carbon monoxide poisoning website.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:**

**CO education - communities**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute CO poisoning prevention materials to 10 libraries and five local health departments.

**Activity Status**

Completed

**Activity Outcome**

In 2010, the Healthy Homes Coordinator distributed CO poisoning prevention materials to 10 libraries and five local health departments and five LEPC meetings throughout Utah. In addition, the Healthy Homes Coordinator in collaboration with the Utah Department of Air Quality and Rocky Mountain Power, wrote and distributed a public health announcement to the residents of Utah about CO poisoning awareness and prevention guidelines.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**National Health Objective: 20-7 Elevated blood lead levels from work exposure**

**State Health Objective(s):**

Between 10/2010 and 09/2011, The Healthy Homes Coordinator will decrease the prevalence of blood lead levels  $\geq 25$   $\mu\text{g/dL}$  in adult workers tested, to below 3.0 % per 100,000.

**State Health Objective Status**

Met

**State Health Objective Outcome**

The Healthy Homes Coordinator analyzed the 2010 blood lead data for workers exposed to lead and in 2010, the prevalence was 1.9 worker's per 100,000 exposed to lead, a decrease as compared by 2.5 and 2.7 workers per 100,000 workers in 2009 and 2008 respectively, for those adults with a blood lead level  $\geq 25$   $\mu\text{g/dL}$ .

**Reasons for Success or Barriers/Challenges to Success**

The Utah Injury Reporting rule states that only blood lead levels  $\geq 10 \mu\text{g/dL}$  are reportable to the Utah Department of Health. One laboratory used to report all blood lead levels and since HIPAA requirements were administered the laboratory began reporting only those results  $\geq 10 \mu\text{g/dL}$ . It is difficult to get a truer prevalence without this data. The laboratory was a significant reporting contributor, which made up about one fourth of the total data submitted to the Utah Department of Health, Environmental Epidemiology Program.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Utah Department of Health, Environmental Epidemiology Program will need to assess the feasibility of changing the Injury Reporting Rule to include all blood lead tests or continue to work with the laboratory to include all of their blood lead results.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

The PHHSBG supports staff time for blood lead data collection from laboratories inside and outside of Utah, the analysis of the data and educational activities provided to adults and employers in lead related industries. This work would not occur without the grant.

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES****Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Analyze and share data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will publish **four** reports on the prevalence of elevated blood lead levels in adult workers in high-risk industries on the IBIS-PH website. A biannual and annual report will be submitted to the National Institute for Occupational Safety and Health (NIOSH).

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator published **four** reports on the prevalence of elevated blood lead levels in adult workers in high-risk industries on the IBIS-PH website. A biannual and annual report will be submitted to the National Institute for Occupational Safety and Health (NIOSH).

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Lab data collection and evaluation**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collect blood lead data and conduct monthly evaluations of blood lead data/results from clinical laboratories.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator received blood lead data on adults residing in Utah, in 2010. The blood lead data was evaluated monthly to identify the number of adults ages > 15 years old, and those adults that had a blood lead level  $\geq 25$   $\mu\text{g}/\text{dL}$ . The results for each month and year to date are posted on the EEP website.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Data Analysis**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will analyze blood lead and surveillance data to ascertain trends and patterns to compare Utah's previous yearly rates with national rates. Results will be provided to NISOH and published to the IBIS-PH website.

**Activity Status**

Completed

**Activity Outcome**

During 2010, there were 2,930 adults tested for lead. Of those tested, 23 had a blood level of  $\geq 25$   $\mu\text{g}/\text{dL}$  for a prevalence of 1.9 per 100,000 workers. Of the 23, 96% were male and 4% Female. The range of blood lead levels is 0.0 to 59.0  $\mu\text{g}/\text{dL}$ . In 2009, 2008, 2007, 2006 and 2005 the prevalence was 2.5, 2.7, 2.1, 2.0 and 4.2 per 100,000 workers respectively. Since 1992, prevalence has decreased from 12.2 per 100,000 workers. Blood lead test results are received from clinical laboratories on a daily, weekly, monthly, or quarterly basis on Utah adults and maintained in the Utah Blood Lead Registry. In 2010, the industry classification codes (SIC), identified for adults with a blood lead level  $\geq 25$   $\mu\text{g}/\text{dL}$  continues to be, 1721-Painting & Paper Hanging, 1752-Floor Laying & Floor Work, 1791-Structural Steel Erection, 1799-Special Trade Contractors, 2819-Industrial Inorganic Chemicals, 3312-Blast Furnaces & Steel Mills, 3321-Foundries, 3469-Metal Stampings, 3679-Electronic Components, 3691-Battery Manufacturing, and shooting/reloading of firearms.

The national rate of adult blood lead ( $\geq 25$   $\mu\text{g}/\text{dL}$ ) is greater than Utah. In 2007, the national rate is 7.4 and Utah's rate is 2.1. (Adult Blood Lead Epidemiology and Surveillance — United States, 2005–2007, MMWR, April 17, 2009 / 58(14);365-369)

Utah's rates by year, for adults ( $\geq 25$   $\mu\text{g}/\text{dL}$ ) and  $\geq 40\mu\text{g}/\text{dL}$  are posted on the IBIS-PH website.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 2 – Diagnose and Investigate****Impact/Process Objective 1:****Blood lead testing and Elevated Blood Lead Levels (EBLL)**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate **100%** of the blood lead tests performed on adults, identifying those adults with a blood lead level between 9.9 and 25  $\mu\text{g}/\text{dL}$  and those

adults with a blood lead level equal to or greater than 25 µg/dL and determine why they're being exposed to lead.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator evaluated **100%** of the blood lead tests performed on adults, identifying those adults with a blood lead level between 9.9 and 25 µg/dL and those adults with a blood lead level equal to or greater than 25 µg/dL and determine why they're being exposed to lead.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Assess lab reporting status**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will conduct quarterly evaluations to determine the reporting status from clinical laboratories and conduct monthly data evaluations from mandatory reporting by clinical laboratories to identify adult workers with blood lead levels  $\geq 10$  µg/dL.

**Activity Status**

Completed

**Activity Outcome**

In 2010, the Healthy Homes Coordinator evaluated blood lead data of adults tested in Utah on a monthly and quarterly basis, evaluated the reporting status from clinical laboratories. The Utah Injury Reporting Rule requires all clinical laboratories analyzing blood lead samples, of Utah residents, to report all blood lead levels  $\geq 10$  µg/dL, to the EEP. One laboratory continues to report only those blood lead levels  $\geq 10$  µg/dL. The other laboratories reporting, report all blood lead levels of Utah residents. Clinical laboratories report blood lead results on a daily, weekly, monthly, or quarterly basis. The Healthy Homes Coordinator continues to work with laboratories to report electronically and to include demographic and industry data for Utah adults receiving a blood lead test.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**EBLL Risk Evaluation**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute risk surveys to adults with an EBLL of  $\geq 25$  µg/dL to evaluate lead exposure, industry and health status.

**Activity Status**

Completed

**Activity Outcome**

The Healthy Homes Coordinator distributed 23 risk survey's to those adults identified with an EBLL, in 2010. In addition, educational information on how to protect themselves and reduce their risk of exposure to lead was sent with the risk survey's.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 3 – Inform and Educate**

**Impact/Process Objective 1:**

**Educating adults about lead exposure**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will provide information on how to prevent lead exposure, the associated adverse health effects of lead and the potential to expose family members at home, to **100%** of adult workers with blood lead levels equal to or greater than 25 µg/dL.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator provided information on how to prevent lead exposure, the associated adverse health effects of lead and the potential to expose family members at home, to **100%** of adult workers with blood lead levels equal to or greater than 25 µg/dL.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Identify and educate target audience**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate data and identify those adults with a blood lead level of  $\geq 25$  µg/dL. The coordinator will mail them lead poisoning prevention material to assist workers in lowering or eliminating their exposure to lead and how to protect family members from being exposed. The Healthy Homes Coordinator will contact and provide lead poisoning prevention materials to educate five lead-related businesses regarding the health effects of occupational lead poisoning and how to protect their workers.

**Activity Status**

Completed

**Activity Outcome**

In 2010, the Healthy Homes Coordinator identified 23 adults whose blood lead level was  $\geq 25$  µg/dL. Lead poisoning prevention materials were mailed to adults with an EBLL. Also, five-lead related businesses were contacted and provided with lead poisoning prevention materials to the following industries: shooting/reloading of firearms, special trade contractors and foundries.

**Reasons for Success or Barriers/Challenges to Success**

None

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A



**State Program Title: Falls Prevention Among Older Adults Pilot Project****State Program Strategy:****Program Goal:**

The program goal is to reduce the number of falls among Utah adults age 65 and older in targeted small area(s) where the age-adjusted fall hospitalization rate is significantly higher than the state age-adjusted fall hospitalization rate. The CDC has developed a list of effective, community-based fall prevention programs. These programs have rigorous scientific evidence to show their effectiveness in reducing falls. One of the programs supported by CDC, *Stepping On*, is the focus of the UDOH pilot project. Activities will be conducted in at least one small area with a significantly higher age-adjusted fall hospitalizations rate than the state rate.

**Primary Strategic Partners:**

Utah's 12 Local Health Departments (LHDs), Utah Arthritis Program (UAP), Brigham Young University (BYU), Utah Valley University (UVU), Utah Commission on Aging, University of Utah Gerontology Department, Brain Injury Association of Utah, Utah Department of Human Services Division of Aging and Adult Services, Utah's Area Agencies on Aging, Community Health Centers, County-level Senior Centers and UDOH Bureau of Emergency Medical Services

**Evaluation Methodology:**

Pre- and post-evaluations will be conducted as part of the pilot falls prevention program to determine effectiveness of the pilot program on reducing the number of falls, fall-related injuries, and risk of falling among Utahns aged 65 and older. Data from a variety of surveillance systems will also be collected to evaluate overall impact of falls prevention activities and objectives. Hospitalization rates by small area will also be monitored for impact.

**National Health Objective: 15-27 Falls****State Health Objective(s):**

Between 10/2010 and 09/2011, By 2011, the UDOH Violence and Injury Prevention Program will assist in decreasing the rate of fall hospitalization among Utahns 65 years and older in the target small area(s) by 5%.

**State Health Objective Status**

Exceeded

**State Health Objective Outcome**

From 2009-2010 the fall hospitalization rate for Utahns 65 years and older in the four target small areas averaged 129.76 per 10,000 population. This is a decrease of over 27% from the baseline.

**Reasons for Success or Barriers/Challenges to Success**

All of the small areas where the evidence-based intervention was implemented have decreased dramatically. In particular the Lehi/Cedar Valley small area which had the highest fall hospitalization rate (205.5 per 10,000) in the state during the baseline year has now dropped to the lowest of the 14 small areas (82.8 per 10,000) and has seen a 60% decrease in fall hospitalizations among adults 65+. The other three small areas, Pleasant Grove/Lindon, North Orem, and American Fork/Alpine saw a 21%, 9%, and 11% decrease respectively, with the implementation of Stepping On classes in their communities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

An evidence-based program was implemented in target areas and resulted in dramatic decreases in fall hospitalizations in these areas. A statewide training was also conducted to spread this program and its

results to other parts of the state, but unfortunately the lack of funding will not allow us to replicate this success or even continue this program.

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

PHHSBG supported staff time at the state health department to form a statewide Utah Falls Prevention Coalition. This Coalition has been instrumental in developing priority strategies, ensuring evidence-based interventions are used, and identifying additional funding opportunities to address falls among older adults. In addition, PHHSBG funding has allowed implementation of an evidence-based falls prevention program in two small areas in Utah which have significantly higher fall hospitalization rates than the state rate. This pilot program will help position Utah for future funding opportunities as well as provide training opportunities to local health department staff who can then implement the program in their respective areas.

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

### **Essential Service 1 – Monitor health status**

#### **Impact/Process Objective 1:**

##### **Falls Data Report**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention staff will develop 1 data report on falls in Utah.

#### **Impact/Process Objective Status**

Met

#### **Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention staff developed 1 data report on falls in Utah.

#### **Reasons for Success or Barriers/Challenges to Success**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention staff developed a data report and presentation of the evaluation results of the Stepping On Program Intervention in Utah County. The data was shared with partners through a presentation at the Utah Falls Coalition Meeting and is available upon request.

The report was the result of funding that has since been eliminated and the program and its evaluation will not be continuing.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

In addition, to the Stepping On Evaluation Report, VIPP staff is preparing a Falls and TBI fact sheet to be released in February 2012.

#### **Activity 1:**

##### **Gather data**

Between 10/2010 and 09/2011, Gather existing data on falls from the following sources: Utah Death Certificate Database, Utah Inpatient Hospital Discharge Data; Utah Emergency Department Encounter Database; Traumatic Brain Injury Surveillance System Falls Module; Behavioral Risk Factor Surveillance System; and National Sources as appropriate.

#### **Activity Status**

Completed

**Activity Outcome**

Data was gathered on an as needed basis for various projects including media requests, Utah Falls Prevention Coalition meetings, Utah's Violence and Injury Prevention Strategic Plan, for the Brain Injury Association Conference Display, etc. Data sources used included Utah Death Certificate Database, Utah Inpatient Hospital Discharge Data, Utah Emergency Department Encounter Database, Traumatic Brain Injury Surveillance System Falls Module, and the Behavioral Risk Factor Surveillance System. These data sources are publicly available through Utah's Indicator Based Information System for Public Health (IBIS-PH) website <http://ibis.health.utah.gov/home/Welcome.html>.

**Reasons for Success or Barriers/Challenges to Success**

The IBIS-PH website allows staff to quickly gather data on fall emergency department visits, hospitalizations, and fatalities. Data is available at the state, county, or small area level. However, data from the TBI Falls Module must be analyzed by program epidemiologists and this process takes substantial staff time. While data has been gathered several times throughout the fiscal year, the data has not yet been compiled into a published falls report.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A timeline for compiling this data into a falls fact sheet has been developed. The report is expected to be finished by February 2012.

**Activity 2:**

**Compile data**

Between 10/2010 and 09/2011, Compile existing data into a single report on the burden of falls in Utah.

**Activity Status**

Not Completed

**Activity Outcome**

While data has been analyzed several times throughout the fiscal year for various projects such as the strategic plan, Utah Falls Prevention Coalition meetings, and media requests, it has not been compiled into a single report on the burden of falls in Utah.

**Reasons for Success or Barriers/Challenges to Success**

This has been due to limited staff support. It took over six months to hire the vacant position which was supervisor over this objective.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A timeline has been developed to complete a falls report by February 2012.

**Activity 3:**

**Disseminate report**

Between 10/2010 and 09/2011, Publish and disseminate report to appropriate partners via the Violence and Injury Prevention Program website, Injury Coordinators Listserve, etc.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

While data has been shared with partners, a published report has not been completed and thus not disseminated yet.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Violence and Injury Prevention Program (VIPP) has a successful track record of developing high-quality reports, disseminating reports to media agencies and program partners, and generating enormous interest/use of data reports. Staff have good working relationships with the state health department public information office and are able to distribute news releases/reports to media agencies throughout Utah quickly and with great success. The VIPP website is also used extensively and is an excellent venue for distribution. Once the report is complete, the VIPP is confident the publication and dissemination of the report will be highly successful.

**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Pilot Test of Falls Prevention Program**

Between 10/2010 and 09/2011, local health department injury prevention staff at the Utah County Health Department (UCHD), with support from UDOH Violence and Injury Prevention staff, will conduct 1 evidence-based falls prevention program (i.e. Stepping On) in at least one small area with a significantly higher age-adjusted fall hospitalization rate than the state rate.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, local health department injury prevention staff at the Utah County Health Department (UCHD), with support from UDOH Violence and Injury Prevention staff, conducted 1 evidence-based falls prevention program (i.e. Stepping On) in at least one small area with a significantly higher age-adjusted fall hospitalization rate than the state rate.

**Reasons for Success or Barriers/Challenges to Success**

Between 10/2010 and 09/2011, local health department injury prevention staff and/or community-based organizations serving older adults, with support from UDOH Violence and Injury Prevention staff, conducted 1 evidence-based falls prevention program, called Stepping On in 4 small areas with a significantly higher age-adjusted fall hospitalization rates than the state rate.

Local health department injury prevention staff was successful in developing community partnerships to host and support Stepping On. They faced barriers in finding a location in Lehi. The Legacy Center (recreation center) could not provide a room for free even though the class was free to seniors. The senior center had other commitments during the Spring, but the barrier was overcome by partnering with Dry Creek Physical Therapy and Wellness. They provided a physical therapist and allowed classes to be conducted in their facility for free.

The objective for the year was to conduct a minimum of 2 classes, but this was exceeded by conducting 5 classes. Forty-one seniors completed the full 7-week workshop.

Local health department staff was also successful at recruiting several seniors for each class and even started a waiting list with 82 seniors. Participation was good January through early May. Participation became sporadic in middle May through June due to holidays, graduations and vacations. To overcome this barrier classes will be scheduled January through early May and then again in the middle of September to middle of November to avoid the holidays if more money becomes available.

A lay-leader is required in the Stepping On program, which should be an adult 65 and older recruited from the previous workshop. Class members were excited to come back and share their experiences or help on their favorite topic but would not commit to being a lay leader for a seven week period. This barrier was overcome by holding all classes with two leaders. A stand-out older adult from each group always arose and naturally took on a lay-leader role.

Utah County Stepping On Master Trainer and Leader conducted a state-wide 3-day Leadership training for 17 new leaders across Utah. Fidelity checks have been conducted on Wasatch County and Davis County classes.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Media, including newspaper articles and an afternoon tv-news segment helped to recruit participants. Promotional flyers were distributed at senior centers, community centers, senior companion programs & foster grandparent programs.

Short presentations were developed to give seniors an overview of what the class would be about & were presented through the help of community partners.

#### **Activity 1:**

##### **Contract with agency**

Between 10/2010 and 09/2011, Contract with the UCHD to implement the falls prevention program.

##### **Activity Status**

Completed

##### **Activity Outcome**

The Utah County Health Department was selected to implement the falls prevention program. An existing injury prevention program contract with UCHD was already in place, which made it faster to amend the current contract to include the falls program.

#### **Reasons for Success or Barriers/Challenges to Success**

Contract approval processes at both the state and local level takes several months.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Staff remained in regular communication with UCHD staff and state finance staff to ensure the contract was making its way through the approval process as fast as possible.

#### **Activity 2:**

##### **IRB approval**

Between 10/2010 and 09/2011, If necessary, obtain Institutional Review Board (IRB) approval at UDOH, UCHD, and other participating agencies as required.

##### **Activity Status**

Completed

**Activity Outcome**

It has not been necessary to obtain IRB approval for this project at this time.

**Reasons for Success or Barriers/Challenges to Success**

It has not been necessary to obtain IRB approval for this project at this time.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

It has not been necessary to obtain IRB approval for this project at this time.

**Activity 3:**

**Implement pilot test**

Between 10/2010 and 09/2011, Conduct a pilot test of the falls prevention program in at least one small area for a minimum of seven weeks. The Stepping On program is conducted once a week for seven consecutive weeks. This does not include the evaluation component of the program.

**Activity Status**

Completed

**Activity Outcome**

Local health department staff conducted a pilot test of the Stepping On program from January 2011-October 2011 in four small areas in Utah County (Lehi/Cedar Valley, Pleasant Grove/Lindon, North Orem and American Fork/Alpine.) Five 7-week workshops were held reaching a total of forty-one seniors.

**Reasons for Success or Barriers/Challenges to Success**

The pilot test was successful due to the community partnerships formed to host the classes and because of the expert guest speakers invited (physical therapist, pharmacist, eye expert, community safety) to participate. The seniors loved to have the attention of a guest expert who was willing to give their time to the program free of charge. Each week offered something fun and new. The seniors also benefitted from the peer support they received and the companionship they formed for each other.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Local health department staff built partnerships with local physical therapists, pharmacists, and vision experts, but was careful not to over utilize the experts' support. Local health department staff always thanked guest speakers and showed them how much they appreciated their time and support of the Stepping On Program.

**Essential Service 4 – Mobilize Partnerships**

**Impact/Process Objective 1:**

**Statewide Falls Coalition**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention Program staff will develop 1 Statewide Falls Coalition with representatives from agencies and communities that have an interest in healthy aging, older adults, and/or falls to guide state planning efforts.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention Program staff developed 1 Statewide Falls Coalition with representatives from agencies and communities that have an interest in healthy aging,

older adults, and/or falls to guide state planning efforts.

#### **Reasons for Success or Barriers/Challenges to Success**

Coalition members are very enthusiastic about addressing falls among older Utahns. Previously, there had been no statewide focus on falls prevention. This was key to success as coalition members felt the leadership of a state agency was critical for addressing falls in Utah. Coalition members were eager to meet and network with other professionals in a more concerted manner, with help coordinating this effort from the state health department. Coalition members represent a wide array of partners including aging services, public health, clinical, research, nursing, geriatrics, and academia. Each partner brings a wealth of experience in falls prevention research and clinical/community application of different falls prevention programs. Members are excited to expand their current activities, build further partnerships, and develop appropriate programs for Utahns at risk of falling.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The future of the Utah Falls Coalition is uncertain due to the cut in Falls Prevention funding and cuts in overall Preventive Block Grant Funding. The coalition is supported by VIPP and partners at the Local Health Departments who rely on Preventive Block Grant Funding for falls prevention activities.

#### **Activity 1:**

##### **Coalition meetings**

Between 10/2010 and 09/2011, Convene a minimum of two Statewide Falls Coalition meetings to discuss fall prevention priorities for the state.

##### **Activity Status**

Completed

##### **Activity Outcome**

Between 10/2010 and 09/2011, The Utah Falls Prevention Coalition has met 4 times to discuss fall prevention priorities for the state. On average, 19 were in attendance at each meeting.

#### **Reasons for Success or Barriers/Challenges to Success**

Coalition members are very enthusiastic about addressing falls among older Utahns and eager to participate.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The future of the Utah Falls Coalition is uncertain due to the cut in Falls Prevention funding and cuts in overall Preventive Block Grant Funding. The coalition is supported by VIPP and partners at the Local Health Departments who rely on Preventive Block Grant Funding for falls prevention activities.

#### **Activity 2:**

##### **Implement priorities**

Between 10/2010 and 09/2011, Meet with interested Coalition members on an as needed basis to implement the fall prevention priorities for the state.

##### **Activity Status**

Completed

##### **Activity Outcome**

The Utah Statewide Falls Coalition has begun implementing their fall prevention priorities for the state. Implemented priorities included pilot testing an evidence-based falls prevention program and providing statewide training to other interested partners. Both fall prevention programs being implemented in Utah, Matter of Balance and Stepping On, have presented evaluation data, challenges, and successes of their

programs at the Utah Falls Coalition meetings. The Stepping On statewide training was made available to all Utah Falls Coalition members and many participated in the training.

#### **Reasons for Success or Barriers/Challenges to Success**

None at this time

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The future of the Utah Falls Coalition is uncertain due to the cut in Falls Prevention funding and cuts in overall Preventive Block Grant Funding. The coalition is supported by VIPP and partners at the Local Health Departments who rely on Preventive Block Grant Funding for falls prevention activities.

### **Essential Service 9 – Evaluate health programs**

#### **Impact/Process Objective 1:**

##### **Evaluation of Impact Objectives**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention Program and Utah County Health Department will evaluate 4 impact objectives to determine if they were accomplished as outlined.

##### **Impact/Process Objective Status**

Met

##### **Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention Program and Utah County Health Department evaluated 4 impact objectives to determine if they were accomplished as outlined.

#### **Reasons for Success or Barriers/Challenges to Success**

Initial outcomes (after the 7-week workshop) included increased self-efficacy in program participants, increased physical strength and balance, increased knowledge of fall prevention strategies, increased environmental awareness which led to changes in participants environment and changes in attitude.

Six months later:

84% of class participants (65 & older) were still doing the exercises at home.

72% felt more confident doing things they were previously concerned about due to fear of falling.

78% felt they are falling less.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The Utah County Health Department (UCHD) - the agency receiving the PHHSBG funds developed an evaluation logic model with the overall goal to reduce the number of falls by increasing knowledge and self-efficacy of fall prevention strategies in program participants. Success was measured using a survey instrument.

The evaluation plan included tracking # of classes taught, # of target population reached/participated in the program, data collected from surveys, social determinants of health survey data, # of staff/volunteers trained and capacity building.

Intermediate outcomes were measured by a six month follow-up phone call.

A twelve-month follow-up phone call is also planned to measure long term outcomes.

#### **Activity 1:**



**Evaluations with fall prevention program participants**

Between 10/2010 and 09/2011, Evaluations will be conducted with participants of the pilot program to determine effectiveness in reducing the number of falls among Utahns aged 65 and older, as outlined by the CDC and original principal investigators of the evidence-based falls prevention program, Stepping On. This includes a baseline evaluation, attendance logs, exercise charts, self-checklist, 6 month follow up evaluation, and 12 month follow up evaluation.

**Activity Status**

Completed

**Activity Outcome**

Evaluations were conducted with participants of the pilot program to determine effectiveness in reducing the number of falls among Utahns aged 65 and older who participated in the Stepping On classes. Demographic and baseline data were also collected at the beginning of the class. Participation was also tracked throughout the pilot test. Forty-one seniors participated in the Stepping On program in Utah County. 60% said they hadn't had a fall in the previous six months before the class, while 30% had one fall, 5% had two falls and 5% had three or more falls.

Evaluation results showed increased self-efficacy in program participants, increased physical strength and balance, increased knowledge of fall prevention strategies, and increased environmental awareness which led to changes in participant's environment and changes in attitude after taking the class.

Six month evaluation showed 84% of class participants (65 & older) were still doing the exercises at home, 72% felt more confident doing things they were previously concerned about due to fear of falling, and 78% felt they are falling less.

Twelve month evaluations are also planned when the appropriate time has passed.

**Reasons for Success or Barriers/Challenges to Success**

VIPP provided Utah County Health Department (UCHD) with up to date state-wide falls data and supported the program efforts. UCHD participated in the state-wide Falls Prevention Coalition where they built many new partnerships. Through this coalition they were able to recruit 17 people for the Stepping On Leadership Training. These leaders are now conducting their own workshops in their communities around the state. Staff received training in collecting the data from the Wisconsin Department of Health Services, which agency is responsible for the Stepping On program training.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Wisconsin Institute for Healthy Aging (WIHA) provided the initial leadership training and master training to bring the CDC "Best Practice" program of Stepping On to Utah County. They are responsible for up-dating all Stepping On materials and they provide additional training via telephone or video when needed.

**Activity 2:****Progress reports**

Between 10/2010 and 09/2011, The UCHD will publish two progress reports documenting progress of activities and objectives, impact of the pilot falls prevention program, lessons learned, and technical assistance needed from the VIPP on the Utah Data Analysis and Reporting Tool System.

**Activity Status**

Completed

**Activity Outcome**

The Utah County Health Department (UCHD) - the agency receiving the PHHSBG funds submitted a mid-year and year end progress report using the Utah Data Analysis and Reporting Tool (UDART).

**Reasons for Success or Barriers/Challenges to Success**

UCHD staff have a solid track record of submitting progress reports using UDART by their deadlines. UCHD staff are also very good at communicating with state health department staff if problems arise and to share successes.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Positive working relationships between UCHD injury prevention staff and VIPP enabled the project to move forward and be successful.

**Activity 3:****Feedback to agency**

Between 10/2010 and 09/2011, Evaluate all progress reports for activities and objectives entered on the Utah Data Analysis and Reporting Tool System and provide semi-annual written feedback to the UCHD.

**Activity Status**

Completed

**Activity Outcome**

Staff reviewed activities entered by the Utah County Health Department (the agency receiving PHHSBG funds to conduct the pilot falls prevention program) onto UDART.

**Reasons for Success or Barriers/Challenges to Success**

The UDART system allows agencies receiving funds to enter progress on their activities anytime. It also allows staff to review this information at any time and provide feedback, ask questions, or request additional documentation. However, the UDART system can be cumbersome to use and may not provide a complete picture of what the outcome of the activities are.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Conference calls and email communication with UCHD staff helped to clarify information on the UDART system and keep staff at the state health department abreast of progress. Also, a new system with advanced technology will be replacing UDART in FY2012 that will make reporting simpler and more effective.

**Activity 4:****Site visit**

Between 10/2010 and 09/2011, Conduct a minimum of one site visit to the UCHD.

**Activity Status**

Completed

**Activity Outcome**

VIPP attended the Falls Prevention Stepping On Training put on by Utah County Health Department in August of 2011.

**Reasons for Success or Barriers/Challenges to Success**

None at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Positive working relationships with the UCHD injury prevention staff enabled the project to move forward and be successful.

**State Program Title: LHD Partnership for Injury Prevention****State Program Strategy:**

The Violence and Injury Prevention Program (VIPP) partners with local health departments (LHDs) to establish injury prevention priorities, strengthen local injury prevention program capacity, and develop community-based injury prevention projects. The three broad priority areas for injury prevention in Utah are: 1) motor vehicle crashes; 2) falls; and 3) community and family violence. All 12 LHDs have agreed to work together with the VIPP to conduct activities that address an agreed upon aspect of motor vehicle injury prevention. In past years, the partnership has conducted coordinated statewide campaigns addressing the need for legislation for graduated driver licensing and a primary seatbelt law. More recently a booster seat law was passed and LHDs continue to conduct a campaign to increase booster seat use. A statewide coordinated campaign continues for teen traffic safety known as "Don't Drive Stupid". A primary purpose is to promote seatbelt use among teenagers. In addition to this coordinated campaign, each LHD is encouraged to identify local injury issues and develop prevention activities based on local resources and capacity. Nine of the twelve LHDs in Utah elect to use PHHSBG funds to conduct injury prevention interventions.

**Primary Strategic Partners:**

The Utah Department of Health (UDOH) has fostered a number of collaborative relationships and strategic partnerships. Some of the primary partners include Brain Injury Association of Utah, Coalition for Utah Traffic Safety, Utah Teen Traffic Safety Task Force, Intermountain Injury Control Research Center, Law Enforcement Agencies, Local Health Departments, Primary Children's Medical Center, Safe Kids Utah, UDOH Office of the Medical Examiner, UDOH Bureau of Emergency Medical Services, Utah Department of Human Services Division of Child and Family Services, Utah Department of Public Safety, Utah Department of Transportation, Utah Driver and Traffic Safety Education Association, Utah Poison Control Center, and Utah State Office of Education.

**Evaluation Methodology:**

Mortality data from the Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health based on External Cause of Injury Mortality Matrix for ICD-10 from the U.S. National Center for Health Statistics will be used to evaluate progress toward the overall program goal. The goal is to decrease the rate of deaths caused by unintentional injuries. Local health departments conduct a pre and post seat belt use observation study for their targeted high schools to monitor progress. They also produce a report and compile data on the Utah Data Analysis and Reporting Tool System that will be used to monitor progress.

**National Health Objective: 15-13 Unintentional injury deaths****State Health Objective(s):**

Between 01/2000 and 12/2011, The Violence and Injury Prevention Program will assist in decreasing the rate of deaths caused by unintentional injuries from 31.5 per 100,000 to 29.5 per 100,000.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

According to the most recent mortality data available (2010), Utah currently has an unintentional injury mortality rate of 29.9 per 100,000 (Source: UDOH IBIS-PH, Utah Death Certificate Database).

**Reasons for Success or Barriers/Challenges to Success**

Utah's highest rates for mortality related to unintentional injury include: 1) poisoning, 2) falls, and 3) motor vehicles.

Prescription drug abuse is the highest contributing factor related to poisoning deaths.

With regard to falls, funding is limited to address this concern and as a result, efforts are scattered among local injury prevention partners.

A few legislative barriers that will impact the overall mortality rate for motor vehicles include:

- Mandatory seat belt law is only for those 18 years of age and under
- No motor cycle helmet law for those over 18 years of age
- Possible repeal of the Child Booster Seat law for children ages 5-8. In the 2010 and 2011 legislative sessions, a bill was narrowly defeated that would have essentially repealed the boost seat law which requires children up to age 8 to be properly restrained in a booster seat. A similar bill is expected to again be brought forth during the 2012 legislative session.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPP) recently selected poisonings as one of their focus areas for the next 3 years. UDOH will be working with other partners in the community to coordinate statewide strategies to reduce prescription drug overdoses and poisoning deaths.

The UDOH VIPP convened the Utah Falls Prevention Coalition in December of 2010 with the purpose of developing a strategic, statewide response to Utah's growing rate of falls among older adults in the state. Until this time, there had been no single, statewide response to address this public health problem in Utah. Many organizations recognized that older adult falls were a problem, but resources and activities were scattered and disjointed when looked at from a public health perspective. This coalition is bringing together partners who have an interest in falls prevention among older adults, developing goals and strategies on falls prevention among older adults to include in the Utah Violence and Injury Plan, and preparing the state for future funding opportunities on falls prevention.

The UDOH VIPP also provides accurate and timely research data and Utah statistics to the public, community partners, and policy makers about motor vehicle safety issues, such as child passenger seats and the dangers of distracted driving.

The VIPP has also used small area injury data to identify communities to implement a falls prevention program in 2011. The program was well received well in the communities and Utah completed a statewide training, so other communities can implement falls prevention programs as well. Multiple communities are prepared to offer falls prevention programs when funding becomes available.

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

PHHSBG funds provide capacity to UDOH to support local health department efforts that are often supplemented by local resources, and to partner with other internal and external partners (such as Zero Fatalities--focused on preventing teen motor vehicle crashes) to coordinate activities.

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

### **Essential Service 1 – Monitor health status**

#### **Impact/Process Objective 1:**

**Maintain local capacity for injury prevention surveillance**

Between 10/2010 and 09/2011, nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain 1 employee per LHD who evaluates and collects localized injury data for community needs assessment, prevention planning, and evaluation.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention maintained 3 employee per LHD who evaluates and collects localized injury data for community needs assessment, prevention planning, and evaluation.

**Reasons for Success or Barriers/Challenges to Success**

All LHDs receiving PHHSBG have maintained most injury prevention staff in spite of layoffs as a result of declining state and local funding.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Central Health District lost an injury prevention coordinator FY2011, but the position was filled after about a month. The new employee attended the Injury Summit and has been sent the Utah Injury Orientation Guide to bring her up to speed on injury prevention in Utah.

**Activity 1:****Maintain employees and capacity**

Between 10/2010 and 09/2011, nine LHDs will maintain at least one employee per LHD receiving copies of injury data and reports published by VIPP and other sources, especially reports that contain small area data, and have the ability to use the UDOH Indicator Based Information System (IBIS) query system to obtain local data on injury deaths and hospitalizations..

**Activity Status**

Completed

**Activity Outcome**

During FY2010 all LHDs were provided the VIPP updated injury facts sheets, data reports, and media/news releases and notification of events. LHDs were provided assistance and training, when requested, on the IBIS-PH (Indicator based Information System-Public Health) website. VIPP has also responded to requests from LHDs for data only available in other VIPP databases (e.g. traumatic brain injury, student injury).

**Reasons for Success or Barriers/Challenges to Success**

None at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Activity 2:****Conduct observation surveys**

Between 10/2010 and 09/2011, nine LHDs will collect pre and post teen seatbelt use observation surveys for their targeted high schools.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs completed fall and spring seatbelt observational studies with their own staff or through a partnership with local law enforcement in targeted high schools in their respective communities. Overall observed seatbelt use was 70% (FY 2010 65%) in targeted communities in FY2011. On average the seatbelt use in targeted high schools increased from 68% to 72% between the beginning and end of the school year. Seatbelt use still varied widely among LHDs, ranging from 50% to 84%.

**Reasons for Success or Barriers/Challenges to Success**

Nothing at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Nothing at this time

**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Injury prevention education and awareness**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will implement 3 injury prevention education/awareness activities addressing at least two priority issues.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention implemented 3 injury prevention education/awareness activities addressing at least two priority issues.

**Reasons for Success or Barriers/Challenges to Success**

VIPP assisted this effort by producing the Utah Violence and Injury Small Area report which provides data at the community level (by zip code) for 17 injury-related indicators. This has helped LHDs target limited resources to communities with the greatest needs. The total number of activities increased in FY2011:

- 2,221 activities (1,916 in FY2010) were conducted such as classes, presentations, bike rodeos, assemblies, safety fairs, and safety events reaching over 200,276 individuals (286,359 in FY2010).
- 83 (103 in 2010) media activities were conducted such as PSAs, press conferences, and news releases.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The VIPP has also done 110 additional teen media activities, including news releases or interviews with reporters. The VIPP will continue to assist LHDs in acquiring small area data to determine priority areas for focus of activities and PHHSBG funds.

**Activity 1:****Teen seat belt education**

Between 10/2010 and 09/2011, nine LHDs will implement at least one teen seatbelt education and awareness activity as part of the statewide seatbelt campaign targeting the disparate population.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs promoted teen seatbelt use through a variety of methods. There were 21 media activities such as news releases issued and interviews with media agencies. There were 162 events conducted directly by LHDs with 42,398 students and parents receiving information on the importance of safe driving. This does not include assemblies conducted by staff of the contractor with the statewide teen driving media campaign (Don't Drive Stupid). Estimates of students reached by this campaign could easily approach over 75,000. This contractor is funded by the Utah Department of Transportation and works collaboratively with UDOH and the LHDs.

**Reasons for Success or Barriers/Challenges to Success**

The VIPP has also done 10 teen driving related media activities as well as developing the fourth teen memorial booklet which shares stories of teens killed in motor vehicle crashes. These efforts are done in conjunction with the LHDs and Don't Drive Stupid media campaign.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The VIPP works closely with the Don't Drive Stupid campaign to ensure efforts with the LHDs are coordinated and the LHDs have access to media campaign materials. VIPP also co-chairs the Teen Driving Safety Taskforce, which meets monthly to coordinate teen driving activities across the state.

**Activity 2:****Teen traffic safety media**

Between 10/2010 and 09/2011, nine LHDs will each prepare and submit two press releases on teen traffic safety to the media.

**Activity Status**

Completed

**Activity Outcome**

A total of 21 media activities relating to teen motor vehicle safety were done by the nine LHDs.

**Reasons for Success or Barriers/Challenges to Success**

The LHDs did 21 media activities relating to teen motor vehicle safety. They covered a variety of topics from seatbelts, to safely driving ATVs or snowmobiles, to texting and driving. One high school made it into the news and the Guinness Book of World Records for having the largest number of people at one time send a mass text. The text read "Don't Drive Stupid."

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The VIPP did an additional 10 teen motor vehicle media activities. LHDs are supportive of the VIPP's statewide media activities to promote safe teen driving. The VIPP often sends out a statewide news release that may then trickle down to the local level with calls from reporters in the LHD's districts coming to their staff. Several LHDs are also exploring the use of social media to reach teens. LHDs are successfully using Facebook, YouTube, and Twitter to market messages to teens.

**Activity 3:****Promote teen traffic safety**

Between 10/2010 and 09/2011, nine LHDs will each provide three different types of materials promoting teen traffic safety.



**Activity Status**

Completed

**Activity Outcome**

Nine LHDs developed and distributed at least three different types of materials promoting teen motor vehicle safety. Materials included brochures, book marks, air freshners, t-shirts, parking lot signs, warning citations, stencils, window decals, fact sheets, pencils and pens, tattoos, chapsticks, balls/hacky sacks, calendars, planners, air fresheners, stress balls, Frisbees, clips, mint boxes, stickers, flyers, posters, banners, pledge cards, teen driving booklets, teen driving videos, and windshield wiper cards.

- 6,740 incentives were distributed during FY2011 (6,674 in 2010)
- 7,657 pieces of literature were distributed during FY2011 (6,476 in 2010)

**Reasons for Success or Barriers/Challenges to Success**

Limited funding for purchase and development of materials by LHDs.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Utilize materials developed by the Don't Drive Stupid/Zero Fatalities campaign. LHDs and the VIPP work closely with this campaign to tailor materials, incentive items, and literature to the LHDs' communities.

**Activity 4:****Seatbelt cues to action**

Between 10/2010 and 09/2011, nine LHDs will maintain or repair the cues to action (buckle up signs, buckle up stencils, etc.) at entrances/exits of schools and other places teenagers frequent to remind teenagers to wear their seatbelt.

**Activity Status**

Completed

**Activity Outcome**

A total of 95 permanent equipment (stencils, marquees, and buckle up signs) reminding teens to buckle up were placed at recreation sites, high schools, and "hang out" locations throughout the community. LHDs determined where to place permanent equipment.

**Reasons for Success or Barriers/Challenges to Success**

None at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Activity 5:****Injury education and awareness**

Between 10/2010 and 09/2011, nine LHDs will each implement at least two education and awareness activities that address one or more additional injury prevention areas.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs collaborated with local Safe Kids Chapter/Coalitions to provide educational and awareness activities to address bicycle safety and child passenger safety. LHDs also implemented activities on pedestrian safety, poisoning prevention, drowning/water safety, underage drinking, family and domestic violence, home safety inspections, infant safety, dating violence, and fire prevention. In addition to the teen motor vehicle related activities, there were 56 media activities and 2,059 activities conducted reaching 157,878 individuals. Approximately 917 bicycle helmets and 1,236 child safety seats were distributed.

### **Reasons for Success or Barriers/Challenges to Success**

There are still transitions being made from Safe Kids Chapters to Coalitions as required by Safe Kids USA

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The Utah Violence and Injury Small Area Report was developed to assist LHDs in conducting community needs assessments, which are required as part of the transition to Safe Kids Coalitions. This report continues to help LHDs identified priority needs in their communities, targeting interventions, and making better use of limited resources, staff, and funding.

### **Activity 6:**

#### **Fall prevention**

Between 10/2010 and 09/2011, at least three LHDs will implement one or more fall prevention activities focusing on reducing falls among people ages 65+ years.

### **Activity Status**

Completed

### **Activity Outcome**

Six LHDs (four in 2010) included fall prevention activities targeting Utahns 65 and older. Two LHDs partnered with community partners including, senior centers, aging services, nursing homes, local physical/occupational therapists, pharmacists, senior housing, etc. to provide evidence-based fall prevention classes to seniors as high risk for falls. In one LHD, four Matter of Balance classes were provided for 9 weeks each. In another LHD, 5 classes of the Stepping-On program were implemented for 7 weeks each. A training was also provided to teach other LHDs and private partners how to set up Stepping-On classes in their areas. There are now 17 individuals trained in Utah to provide Stepping-On. Other LHDs did presentations, news releases, participated in the statewide Falls Prevention Coalition, attended the Stepping-On training, and distributed safety equipment. A total of 88 events were conducted reaching 1067 individuals and 245 pieces of safety equipment were distributed to the public.

### **Reasons for Success or Barriers/Challenges to Success**

Funding is limited to expand falls prevention efforts further among the LHDs currently working on falls prevention or to replicate efforts in other LHDs across the state.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The VIPP has formed a Utah Falls Prevention Coalition to assist in these efforts. Partners are eager to work together, share resources, and seek additional resources to expand falls prevention efforts. The Stepping On program will serve as a model program for all LHDs in Utah.

### **Essential Service 4 – Mobilize Partnerships**

**Impact/Process Objective 1:****Maintain partnerships in support of injury prevention**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain 3 or more partnerships with local community coalitions or organizations that promote safety, injury prevention, or violence prevention (such as Safe Kids, Safe Communities, schools, PTAs, youth councils, law enforcement, businesses, etc.).

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention maintained 18 or more partnerships with local community coalitions or organizations that promote safety, injury prevention, or violence prevention (such as Safe Kids, Safe Communities, schools, PTAs, youth councils, law enforcement, businesses, etc.).

**Reasons for Success or Barriers/Challenges to Success**

Maintaining relationships and engaging injury/violence prevention partners is an ongoing process that requires time. With new partners many LHDs find dedicating their time to issues others feel are important will over the long haul increase the chances these partners will reciprocate on a shared injury/violence prevention effort.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

LHDs as well as the VIPP are continuing to explore how new as well as existing partners can help each other so that the relationship is mutually beneficial.

**Activity 1:****Maintain Safe Kids coalitions or chapters**

Between 10/2010 and 09/2011, nine LHDs will each maintain at least one local Safe Kids coalition or chapter, which they actively participate in or sponsor.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs remain active participants in local Safe Kids coalitions or chapters, including attending local and state meetings as well as planning and participating in scheduled events. Partners in local coalitions and chapters include local schools, PTAs, fire departments, police departments, community health/human service agencies, and a variety of local businesses. Membership in local coalitions or chapters range from three to twenty local partners.

**Reasons for Success or Barriers/Challenges to Success**

Funding has decreased on grants from National Safe Kids for activities such as Safe Kids Week. However, we have received funding in Utah from the Utah Department of Public Safety and Utah Department of Transportation to help with Safe Kids' activities in May and in September.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Safe Kids Utah is a non-profit organization and part of the Utah Nonprofits Association. As such, the Safe Kids Utah Executive Board is exploring ideas to raise funds on a state level that then could be granted to Safe Kids chapters/coalitions to implement activities at the local level. In addition, the use of social network tools and building partnerships will help increase awareness of Safe Kids throughout Utah.

**Activity 2:****Work with law enforcement**

Between 10/2010 and 09/2011, nine LHDs will each maintain a relationship with at least one local law enforcement agency they work with to enforce seatbelt laws among teenagers.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs continued to work with law enforcement agencies across Utah to enforce seatbelt laws among teens. LHDs worked with law enforcement (i.e. Utah Highway Patrol, high school resource officers) to hold 10 events encouraging them to wear a seatbelt reaching 1,850 high school students

**Reasons for Success or Barriers/Challenges to Success**

A primary seatbelt law for only those 18 and under makes it difficult to enforce and does not help with law enforcement viewing this as a priority over other concerns

**Strategies to Achieve Success or Overcome Barriers/Challenges**

There has been discussion among injury partners at the state level to go back to the legislature to pursue making the seatbelt law mandatory for all ages. However, the current political climate in the state legislature is opposed to government intrusion into what is perceived as family or personal rights.

**Activity 3:****Maintain high school and youth partners**

Between 10/2010 and 09/2011, nine LHDs will each maintain at least one target high school with whom they work to conduct at least one peer led program promoting teen seatbelt use.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs worked with over 42 high schools during FY2011 (40 in FY2010) as part of their teen motor vehicle safety activities. Many more schools were reached by the state media campaign partner (Zero Fatalities/Don't Drive Stupid) with producing educational DVDs, delivering school assemblies, and coordinating other grass-roots events.

**Reasons for Success or Barriers/Challenges to Success**

The VIPP, LHDs and other injury partners are continually looking to identify where activities are occurring so as not to duplicate efforts but be able to reinforce messages in a consistent manner to have a greater impact.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Coordinating teen MV activities, events, and resources are the primary reasons the Utah Teen Driving Task Force continues to meet on a monthly basis. Staff from the VIPP co-chair the group consisting of members representing highway safety, state and local health, children's hospital, transportation department, schools, PTA, drivers education, legislature, law enforcement, advertising (media campaign), and other MV safety/advocacy organizations.

**Activity 4:****Maintain local partnerships**

Between 10/2010 and 09/2011, at least five LHDs will each maintain one or more local coalitions, committees or community groups (other than Safe Kids) with whom they work to promote injury or violence prevention.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs participated in local coalitions, committees, or community groups other than Safe Kids. Groups included domestic violence prevention, suicide prevention, Boy Scouts, Healthy Communities, Hispanic Health, senior health, PTA, Traffic Safety Committees, Safe Communities, Community of Promise, Injury Prevention Coalition, and Youth Councils.

**Reasons for Success or Barriers/Challenges to Success**

None at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Activity 5:**

**Document success**

Between 10/2010 and 09/2011, nine LHDs will each document in the Utah Data Analysis and Reporting Tool System, one success story that resulted from their injury related efforts in their communities.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs submitted success stories that resulted from their injury prevention activities in the Utah Data Analysis and Reporting Tool.

**Reasons for Success or Barriers/Challenges to Success**

The VIPP has used success stories in media activities, educational presentations, and discussions with policymakers. The Utah Department of Health has also attempted to collect success stories for several years and has had great success in using them as educational and promotional tools. The LHD success stories build upon this achievement and serve as examples of effective policy, interventions, and showcase the need for continued funding for their activities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Essential Service 7 – Link people to services**

**Impact/Process Objective 1:**

**Disseminate injury information**

Between 10/2010 and 09/2011, the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will implement 3 strategies per LHD to provide an injury prevention message, product or other services to their constituents and clients.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention implemented 3 strategies per LHD to provide an injury prevention message, product or other services to their constituents and clients.

**Reasons for Success or Barriers/Challenges to Success**

None at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Activity 1:****Child safety seat check points**

Between 10/2010 and 09/2011, at least five LHDs will implement at least one community child safety seat checkpoint.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs conducted 40 checkpoints, checking 1,684 child safety seats during community checkpoints or individual appointments at the LHD. Low cost seats and booster seats were made available at most checkpoints. LHDs distributed 1,236 low cost child safety seats (car seat or booster seats) during FY2011.

**Reasons for Success or Barriers/Challenges to Success**

As demand increases the time needed to coordinate child safety restraint efforts takes away from time spent on other injury priorities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Most LHDs are doing an excellent job in training either other LHD staff or other staff from community agencies to inspect car seats as a way of expanding available resources. Several Child Passenger Safety Technician trainings were held in rural areas of the state during the fiscal year, greatly increasing the LHDs' capacity to conduct child safety seat inspections and checkpoints in the future. This year there were also multiple (3) LHDs that participated in recertification trainings for technicians whose certification was close to expiring. In this way they were able to use resources more efficiently by keeping skilled technicians rather than needing to train new individuals.

**Activity 2:****Car seat distribution**

Between 10/2010 and 09/2011, at least five LHDs will implement at least one method for providing a limited number of car seats and booster seats for sale at reduced cost to low-income families.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs provided car seats and booster seats at a reduced cost. The total number of car seats and booster seats distributed in FY2011 was 1,317.

**Reasons for Success or Barriers/Challenges to Success**

Limited funding for car seat and booster seat purchases.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

LHDs apply for Office of Highway Safety (NHTSA) contracts to fund car seat and booster seat purchases.

**Activity 3:****Car seat checks**

Between 10/2010 and 09/2011, at least five LHDs will maintain an appointment process for residents to receive a car seat inspection at the LHD.

**Activity Status**

Completed

**Activity Outcome**

Between 10/1/2010 to 9/30/2011 a minimum of five LHDs maintained an appointment process for residents to receive a car seat inspection at the LHD. The five LHDs that have transitioned from Safe Kids Chapters to Safe Kids Coalitions all have inspection stations, however all LHDs do car seat inspections.

**Reasons for Success or Barriers/Challenges to Success**

Nothing at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Nothing at this time

**Essential Service 8 – Assure competent workforce****Impact/Process Objective 1:****Maintain designated local injury prevention staff**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain 1 Injury Prevention Program with a designated injury prevention (IP) coordinator.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention maintained 1 Injury Prevention Program with a designated injury prevention (IP) coordinator.

**Reasons for Success or Barriers/Challenges to Success**

Nothing at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Nothing at this time

**Activity 1:**

**LHD staff training**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will implement one training to strengthen the knowledge and skills in injury prevention principles and practice of LHD staff.

**Activity Status**

Completed

**Activity Outcome**

At the request of the LHDs and Local Health Officers, a statewide training was not held for LHD staff, as has been held in previous years. Instead, LHDs and LHOs requested the VIPP attend the Utah Local Association of Community Health Education Specialists (ULACHES) in October 2010 and January 2011 to provide training, updates, and begin negotiations for FY11 contracts. LHDs were also invited to attend the Safe Kids Regional Conference in September and the local Zero Fatalities Conference in April.

**Reasons for Success or Barriers/Challenges to Success**

Level funding results in increasingly limited time and resources.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. Language was included in the FY12 LHD injury contract requirements asking them to consult the Utah Violence and Injury Small Area Injury Report to develop priorities and prevention strategies.
2. VIPP staff hold regular conference calls with LHD staff to negotiate contract priorities. The VIPP also participates with the Injury Workgroup, which has injury prevention representatives from the LHDs.

**Activity 2:**

**Data Training**

Between 10/2010 and 09/2011, nine LHDs will maintain at least one employee per LHD who has access to injury prevention data, information, and education resources on the Internet.

**Activity Status**

Completed

**Activity Outcome**

Nine LHDs maintained at minimum one employee with access to injury prevention data, information, and education resources.

**Reasons for Success or Barriers/Challenges to Success**

None at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Essential Service 9 – Evaluate health programs**

**Impact/Process Objective 1:**

**Evaluate program activities**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will evaluate 9 LHD injury



prevention contracts to determine if the objectives and activities were accomplished as outlined and to identify problem areas or gaps and offer solutions.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program evaluated 16 LHD injury prevention contracts to determine if the objectives and activities were accomplished as outlined and to identify problem areas or gaps and offer solutions.

**Reasons for Success or Barriers/Challenges to Success**

Nine LHDs continued ongoing evaluation of their activities as their contracts with the VIPP require either process evaluation or outcome evaluation depending on the activities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Activity 1:**

**Evaluate progress reports**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives entered on the Utah Data Analysis and Reporting Tool System and provide feedback.

**Activity Status**

Completed

**Activity Outcome**

Within 10 working days of receipt of reports, the VIPP staff provided written confirmation of receipt. Mid-year and year-end reports and written feedback are all filed in the respective contract folders.

**Reasons for Success or Barriers/Challenges to Success**

Nothing at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Nothing at this time

**Activity 2:**

**Conduct site visits**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will implement at least four site visits to LHDs to assist/observe activities, assess progress and address any concerns.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Site visits were not conducted due to staff turnover, as well as budget and travel restraints. The position at the VIPP was vacant for more than half of FY11. When finally filled, the new staff needed to catch up and get trained.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Regular email and telephone communication with the LHD injury prevention staff were made in place of site visits. The Safe Kids Utah Coordinator also conducted multiple site visits with Safe Kids Coalitions/Chapters around the state, many of which are part of the LHDs receiving PHHSBG funds. However, this was not a formal site visit pertaining to this objective.

**Activity 3:****Provide feedback**

Between 10/2010 and 09/2011, Provide semi-annual feedback to the 9 LHDs with injury prevention contracts.

**Activity Status**

Completed

**Activity Outcome**

Within 10 working days of receipt of reports, the VIPP staff provided written confirmation of receipt. Mid-year and year-end reports and written feedback are all filed in the respective contract folders

**Reasons for Success or Barriers/Challenges to Success**

Nothing at this time

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Nothing at this time

## **State Program Title: LHD Partnerships for Promoting Healthy Weight**

### **State Program Strategy:**

#### **Goal:**

Evidence suggests that the most desirable primary prevention goal to decrease chronic disease, including heart disease and stroke, is to prevent children with a normal, desirable weight from becoming overweight or obese. The Utah Physical Activity, Nutrition & Obesity (PANO) Program and 12 Local Health Departments (LHDs) are directing primary prevention efforts for childhood obesity toward the elementary schools and middle/junior high schools through the Gold Medal Schools (GMS) program. For a complete list of the criteria please visit <http://health.utah.gov/obesity/gms/guide/Guide.pdf>. In addition to school-based strategies, local health departments are engaged in promoting policy and environmental change in their communities and worksites within their jurisdiction to encourage healthy eating and physical activity.

#### **Primary Internal and External Strategic Partnerships:**

Asthma Program; Cancer Control and Prevention Program; Diabetes Control and Prevention Program; Environmental Quality Program; Immunization Program; Oral Health Program; Heart Disease and Stroke Prevention Program; Tobacco Use Prevention and Control Program; Violence and Injury Prevention Program; and school nurses. Utah's 12 LHDs, , Utah State Office of Education, School Districts, Utah Department of Transportation, Utah League of Cities and Towns, the Utah Parent Teacher Association, the Bureau of Health Promotion (BHP) Healthy Weight Workgroup, BHP School Workgroup, Action for Healthy Kids, and statewide Universities and Colleges.

#### **Role of PHHS BG Funds:**

Funding supports twelve Local Health Departments (LHD) in Utah that provide public health services at the county level. LHDs play a vital role in the implementation of physical activity and nutrition-related activities, including the GMS program. They have well-established relationships with their schools and school districts, and are seen as a credible source for health information. All twelve LHDs receive dedicated funding to support physical activity, nutrition and obesity prevention efforts. Activities include integrating the GMS program into their communities. In addition to promoting, recruiting, and supporting participating schools in their area, they assist the State GMS staff with recruiting, hiring, and training school coordinators. LHDs serve as main point of contact and resource to participating schools and provide assistance with reporting and activities including individual school policy development and implementation. LHDs implement additional physical activity and nutrition initiatives in school, worksite and community settings. Activities include conducting community campaigns, supporting active community environments partnerships, promoting the A Healthier You Community and Worksite Awards Programs, promoting safe and active transportation to schools and conducting environmental assessments to identify community supports or barriers to physical activity and/or healthy eating.

#### **Evaluation Methodology:**

Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long-term evaluation has been developed. Results from this evaluation will become available throughout 2010. Additional evaluation criteria include number of active community environment partnerships developed, community environmental changes made, number of employers and communities applying for and receiving the A Healthier You Community Awards.

## **National Health Objective: 19-3 Overweight or obesity in children and adolescents**

### **State Health Objective(s):**

Between 07/2010 and 07/2016, decrease the percent of Utah children, grades K-6th grades, who are overweight by 17%, from 20.4% in 2010 to 17% in 2016.

**State Health Objective Status**

Met

**State Health Objective Outcome**

No new surveillance rates are available – data are collected every other year. Data are currently being collected for the year 2012.

**Reasons for Success or Barriers/Challenges to Success**

Funding is always an issue to conduct the Elementary School Height and Weight Measurement Project. School nurses, nursing students, dietetic interns, and other volunteers are recruited to measure and weigh the students. Identifying data entry options has been a challenge this year.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The challenge of data entry is being addressed by creating a remote electronic data capture tool so that the data can be entered in real-time at the school, resulting in immediate population of the database.

- Baseline:
  - 20.4%, 2010
- Data Source:
  - Utah Department of Health, Utah Elementary School Height and Weight Measurement Project, years 2010, 2012, 2014 and 2016

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

N/A

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES****Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Community Assessment**

Between 07/2010 and 06/2011, Local Health Departments will identify **14** barriers and/or supports to physical activity/or healthy eating.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, Local Health Departments identified **11** barriers and/or supports to physical activity/or healthy eating.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Conduct Environmental Assessment**

Between 07/2010 and 06/2011, two LHDs will conduct two environmental assessment(s) to identify barriers and supports to physical activity and/or healthy eating.

**Activity Status**

Completed

**Activity Outcome**

6 LHDs conducted environmental assessments. Five of these were also community measures from the CDC guide *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Prioritize Community Strategies and Collect Measures**

Between 07/2010 and 06/2011, 12 LHDs will identify and collect data related to community priority strategies.

**Activity Status**

Completed

**Activity Outcome**

10 LHDs collected data related to 14 community priority strategies. Seven used measures from CDC's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. Four of these collected data for two of the recommended strategies; 3 collected data for one strategy. Three LHDs used alternate measures.

**Reasons for Success or Barriers/Challenges to Success**

One LHD selected a measure from the CDC guide but was unable to obtain data from local sources. One LHD (SE) misunderstood the requirement and negotiated alternate objectives to fulfill their contract. The misunderstanding was related to staff turnover.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

PANO staff work with LHD staff to obtain data. PANO staff worked with SE to clarify and negotiate the requirements of the contract.

**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Increase Gold Medal Schools**

Between 07/2010 and 06/2011, five local health departments will increase the number of elementary schools participating in Gold Medal Schools from 373 to 382.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, five local health departments increased the number of elementary schools

participating in Gold Medal Schools from 373 to 372.

**Reasons for Success or Barriers/Challenges to Success**

One school dropped the program because the Principal wasn't familiar with the Program. The previous Principal applied for to be a GMS and left at the beginning of the school year. The School Coordinator also moved out of state.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:**

**Promote Gold Medal Schools**

Between 07/2010 and 06/2011, five LHDs will promote GMS to elementary schools to increase visibility and increase participation.

**Activity Status**

Completed

**Activity Outcome**

12 local health departments promote the Gold Medal Schools Program to increase physical activity, nutrition consumption and tobacco prevention in the schools

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Promote Safe & Active Transportation to Schools**

Between 07/2010 and 06/2011, three LHDs will promote safe and active transportation to schools.

**Activity Status**

Completed

**Activity Outcome**

4 local health departments promoted and increased awareness of safe and active transportations to the schools through programs like Walk More in Four and Walk to School Day

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:**

**Promote nutrition or physical activity campaign**

Between 07/2010 and 06/2011, two LHDs will work with schools to promote campaigns about fruits and vegetable consumption, physical activity, sugar sweetened beverage consumption or "Unplug 'n Play".

**Activity Status**

Completed

**Activity Outcome**

7 local health departments educated schools to participate in programs or activities to increase physical activity and/or nutrition consumption

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 4:****Promote GMS Power-Up schools**

Between 07/2010 and 06/2011, one LHD will encourage middle schools to apply to become a Power-Up school.

**Activity Status**

Completed

**Activity Outcome**

One local health department supported and educated one middle school to participate in the Power-Up Program.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 4 – Mobilize Partnerships****Impact/Process Objective 1:****Strengthen external partnerships**

Between 07/2010 and 06/2011, 11 Local health departments will maintain 1 external partnership each to promote healthy nutrition and physical activity behaviors.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, 11 Local health departments maintained 15 external partnership each to promote healthy nutrition and physical activity behaviors.

**Reasons for Success or Barriers/Challenges to Success**

9 LHDs maintained 15 community partnerships to promote healthy nutrition and physical activity behaviors. LHDs may be incomplete in reporting on partnerships to PANO.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

PANO staff work with LHDs to ensure reporting is complete.

**Activity 1:****GMS School Coordinator Support**

Between 07/2010 and 06/2011, 10 LHDs will provide technical support and resources to GMS School Coordinators.

**Activity Status**

Completed

**Activity Outcome**

All 12 health departments support and provide their schools with resources to promote GMS

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:**

**Community Committee**

Between 07/2010 and 06/2011, four LHDs will participate on a community environment committee to maintain external partnerships.

**Activity Status**

Completed

**Activity Outcome**

7 LHDs participated on at least one community environment committee.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:**

**Community Event**

Between 07/2010 and 06/2011, one LHD will plan, support, and provide health nutrition and physical activity behavior messages to a community.

**Activity Status**

Completed

**Activity Outcome**

7 LHDs took the lead and/or participated on a committee to plan and conduct a community campaign. Three of these conducted 2 campaigns (10 community campaigns total).

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 5 – Develop policies and plans**



**Impact/Process Objective 1:****Increase policies and environmental supports**

Between 07/2010 and 06/2011, 12 local health departments will increase the number of individual school policies and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 10,603 to 11,853.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, 12 local health departments increased the number of individual school policies and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 10,603 to 12061.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Assist GMS School Coordinators**

Between 07/2010 and 06/2011, 12 LHDs will assist school coordinators to establish GMS or Power-Up policies in 122 schools statewide.

**Activity Status**

Completed

**Activity Outcome**

140 schools were provided with tools and education to complete GMS policies

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/a

**Activity 2:****GMS Award Levels**

Between 07/2010 and 05/2011, 120 schools will achieve at least one new GMS medal level implementing approximately 5 policies or environmental supports per level.

**Activity Status**

Completed

**Activity Outcome**

84 schools completed a level in the GMS program.

**Reasons for Success or Barriers/Challenges to Success**

Schools Several schools did not continue on implementing GMS because of lack of funding, they reached the highest level desired, and/or change in administration

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Provide support and resources to the schools to continue implementing GMS. This can be done through education and informing the community, schools and parents about the Program.

**Activity 3:****Healthy Community Award**

Between 07/2010 and 06/2011, one LHD will provide technical assistance to one community to apply for the "A Healthier You Healthy Community Award".

**Activity Status**

Completed

**Activity Outcome**

One LHD worked with a community to achieve a Gold community award.

**Reasons for Success or Barriers/Challenges to Success**

One LHD promoted the Healthy Community Award to Communities in their jurisdiction but none participated.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 4:****Healthy Worksite Award**

Between 07/2010 and 06/2011, one LHD will provide technical assistance to one worksite to apply for the "A Healthier You Healthy Worksite Award".

**Activity Status**

Completed

**Activity Outcome**

One LHD worked with a worksite to achieve the Healthy Worksite Award.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 9 – Evaluate health programs****Impact/Process Objective 1:****Evaluate Program Progress**

Between 07/2010 and 06/2011, 12 local health departments will evaluate 5 objectives each in the standardized web-based Utah Data Analysis and Reporting Tool (UDART).

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, 12 local health departments evaluated 6 objectives each in the standardized web-based Utah Data Analysis and Reporting Tool (UDART).

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Process Evaluation**

Between 07/2010 and 06/2011, 12 LHDs will develop process evaluation methods for each objective and activity.

**Activity Status**

Completed

**Activity Outcome**

All 12 health departments reported through UDART on at least 5 objectives and activities

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Track Outcomes**

Between 07/2010 and 06/2011, 12 LHDs will use the standardized web-based data and reporting tool to track their project outcomes.

**Activity Status**

Completed

**Activity Outcome**

All 12 health departments reported through UDART on at least 5 objectives and activities

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:****Report Progress**

Between 07/2010 and 06/2011, 12 LHDs will report progress at least two times per year in UDART, including mid-year and year end.

**Activity Status**

Completed

**Activity Outcome**

All 12 health departments were encouraged and reminded to report in UDART for progress reporting. Mid-year and end-year reports were completed in January and July. Most local health departments reported progress throughout the year.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

## **State Program Title: Office of Public Health Assessment**

### **State Program Strategy:**

The goal of the Office of Public Health Assessment (OPHA) is to provide information that supports evidence-based public health decision-making and program planning in Utah. The OPHA's priorities include enhancing the state's ability to monitor health status (essential service #1), informing and educating the state about public health issues (essential service #3), providing technical and statistical assistance in the conduct of public health assessment activities (essential service #8), and evaluating the effectiveness of public health programs and policies, and of our own IBIS-PH Web site (essential service #9).

The OPHA includes the Behavioral Risk Factor Surveillance System (BRFSS) staff who are charged with collecting, processing, analyzing and disseminating information about the health status, risk behaviors, health-related knowledge and healthcare access of Utah residents. The OPHA also provides a comprehensive health information dissemination Web site known as the Indicator-Based Information System for Public Health (IBIS-PH).

**Primary Strategic Partners:** Utah's BRFSS staff works with our partners to ensure that our state surveys are meeting priority public health information needs. **Internal:** UDOH Programs: Asthma Control; Tobacco Prevention & Control; Diabetes Prevention & Control; Arthritis; Heart Disease & Stroke Prevention; Cancer Control; Violence & Injury Prevention; Environmental Public Health Tracking Network; Communicable Disease Epidemiology; Medicaid; Children's Health Insurance Program; Center for Multicultural Health; and Physical Activity, Nutrition & Obesity Program. **External:** University of Utah; Utah's 12 local health districts; Association for Utah Community Health; Utah Medical Association; Utah Division of Housing and Community Development; Utah Division of Substance Abuse & Mental Health; Intermountain Health Care; Utah Kid's Count Project; National Association of Health Data Organizations; National Association for Public Health Statistics and Information Systems; National Center for Health Statistics; IBIS-PH adopters.

**Role of PHHS BG Funds:** Block grant dollars are a major source of funding for staff needed to enhance, update and maintain the IBIS-PH Web site. Block Grant funds also cover staff that direct and coordinate the BRFSS in Utah. Utah collects its own BRFSS data. Block grant dollars support the BRFSS staff in order to perform Utah state-specific health assessment and program evaluation, and to address Utah's emerging health issues.

### **Evaluation Methodology:**

OPHA will assess the use of IBIS-PH, including the BRFSS queriable database and survey reports, monthly using the Web site metrics available through our state IT operations. We will continue to work closely with our system users and involve them in the design and testing of the system. We will track the uses of BRFSS state-specific data, particularly at the community level and in underserved populations through the Utah State Health Surveys Advisory Committee.

## **National Health Objective: 23-2 Public health access to information and surveillance data**

### **State Health Objective(s):**

Between 10/2010 and 09/2011, The OPHA will improve access to important public health data and information for public health professionals and others through the on-going collection of household survey data, and the updating of public health datasets, public health priority measures and results of analyses on Utah's IBIS-PH (Indicator-Based Information System for Public Health) Website.

### **State Health Objective Status**

Met

### **State Health Objective Outcome**

Utah continued the in-house collection of the Behavioral Risk Factor Surveillance System (BRFSS) in the health department's Survey Center, completing approximately 10,000 land-line and 2,000 cell phone interviews each year in 2010 and 2011. The Utah BRFSS questionnaires consisted of three questionnaire legs, all of which included the core questions in addition to a variety of optional modules and state-added questions on each of the questionnaires. The Utah Department of Health Survey Center also continued to participate in the BRFSS Asthma Callback Survey and other BRFSS callback projects in addition to ad hoc survey projects that addressed state-specific needs. The Health Department's on-line public health data dissemination system, IBIS-PH, was updated with new queryable data and Indicator Report information and publications, and was accessed extensively during the year. The monthly total of web site visits ranged from approximately 12,000 to 17,000, and monthly unique visitors from 3,000 to 13,000.

### **Reasons for Success or Barriers/Challenges to Success**

The BRFSS was very successful in Utah due to the excellent work of Survey Center staff and other staff in the UDOH. During this report period, the Utah BRFSS continued to have one of the highest BRFSS response rates in the country. It was in high demand by programs within the UDOH and also by many Utah public health partners. There were a large number of requests to include state-specific questions, along with requests for assistance in developing the questions and in processing and analyzing the data from the questions. The cell phone interviews were a challenge because they required a greater number of interviewer hours per completed interview. Yet, they have been a critical addition to the survey as evidenced by preliminary comparison of results and demographics from the land line and the cell phone interviews. The Utah BRFSS Coordinator was able to maintain the active involvement of the Utah BRFSS Advisory Committee and utilize a collaborative and informative process to develop the state-specific modules and questions.

IBIS-PH was successful throughout the reporting period due to the work of OPHA staff and the sustained involvement of UDOH program staffs, universities, local health departments and other public health partners in Utah. Additional states evaluated and adopted IBIS-PH with the resultant benefit of having support and involvement in IBIS-PH enhancement and development shared by a number of experienced public health informatics specialists. One challenge that continued to plague IBIS-PH was the increasing complexity and difficulty to navigate due to the addition of new Indicator Reports and enhancements to the Query System and all the supporting documentation.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

We continued to seek input from a broad representation of BRFSS and IBIS-PH users, through the Utah BRFSS Advisory Committee for the BRFSS and by working with the Owners/Editors of the Indicator Reports and the Data Stewards of the Query System datasets for IBIS-PH. We maintained an IBIS-PH Analysts Working Group to guide us in refining and further enhancing the query system. We worked with a student intern and with IBIS-PH Community of Practice (CoP) members throughout the country to share development ideas and funding. Through the IBIS-PH CoP we were able to pool funds in order to support a full time software developer.

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

By maintaining the IBIS-PH web site, the Block Grant dollars are leveraged by the hours that IBIS-PH Indicator Owners and Editors, and the Query System Data Stewards spend in assisting us in creating, updating and enhancing IBIS-PH content. For the state-specific health survey needs, Block Grant dollars are leveraged in obtaining funding to cover the data collection costs of state-added questions to the BRFSS and data collection for other health surveys conducted in the Survey Center. With the involvement of UDOH OPHA staff in the IBIS-PH Community of Practice (CoP), we were able to leverage dollars in the further development and enhancement of IBIS-PH from many CoP member states.

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

### **Essential Service 1 – Monitor health status**

#### **Impact/Process Objective 1:**

##### **Obtain BRFSS interviews**

Between 10/2010 and 09/2011, the Surveys Coordinator will maintain **10,000** Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews that address state-specific data needs stratified by Utah's 12 local health districts and able to be analyzed by Utah's 61 small areas.

##### **Impact/Process Objective Status**

Met

##### **Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Surveys Coordinator maintained **10,000** Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews that address state-specific data needs stratified by Utah's 12 local health districts and able to be analyzed by Utah's 61 small areas.

##### **Reasons for Success or Barriers/Challenges to Success**

We were able to obtain our target number of completed interviews on all three legs of the survey. Utah also maintained one of the highest land-line CASRO survey response rates in the country at 64.6%.

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Our Survey Center staff worked diligently to train and monitor interviewing staff so that interviews were completed on time and to the highest standards possible. The BRFSS Coordinator took an active role in overseeing the Survey Center operations.

#### **Activity 1:**

##### **Develop grant application**

Between 10/2010 and 01/2011, the Surveys Coordinator will develop one Behavioral Risk Factor Surveillance System (BRFSS) grant application that will support the in-house collection of the BRFSS to monitor Utah's health status and support state initiatives.

##### **Activity Status**

Completed

##### **Activity Outcome**

The BRFSS grant application was submitted on time and funding for the project was received.

##### **Reasons for Success or Barriers/Challenges to Success**

The BRFSS grant was unbundled from the other Chronic Disease program grants with which it was previously bundled. This made the application process more streamlined and straightforward.

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The Utah BRFSS Coordinator reconfigured the budget in such a way that provided more transparency and clarity to budgetary needs.

#### **Activity 2:**

**State-added questions**

Between 10/2010 and 01/2011, the Surveys Coordinator in collaboration with UDOH program staff will develop 10 new state-added questions to be included on the 2010 Utah BRFSS questionnaire in order to measure important emerging health issues for Utah adults and children.

**Activity Status**

Completed

**Activity Outcome**

The Surveys Coordinator and other UDOH program staff developed a state-added question addressing sexual orientation. A series of questions regarding responsibility for the problem of obesity and another set about neighborhood sidewalks were also developed and asked on the 2011 BRFSS.

**Reasons for Success or Barriers/Challenges to Success**

Through the BRFSS Advisory Committee, programs in UDOH along with other public health partners in Utah are well aware of the BRFSS and its ability to address state-level public health priorities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The BRFSS Coordinator and Survey Center staffs are capable, flexible and willing to assist people in how best to utilize the Utah BRFSS to meet public health survey needs. They have created and utilize well-developed and thorough processes for state-added question proposal submissions and for question development and testing.

**Activity 3:****Develop survey questionnaires**

Between 10/2010 and 01/2011, the Surveys Coordinator will develop 3 Utah-specific BRFSS 2010 questionnaires that utilize the multi-questionnaire capability of the Computer-assisted Telephone Interviewing (CATI) system in order to be able to measure an increasing number of behavioral health determinants.

**Activity Status**

Completed

**Activity Outcome**

Three Utah-specific BRFSS questionnaires were developed for 2011.

**Reasons for Success or Barriers/Challenges to Success**

The demand for state-specific questions on the Utah BRFSS remained high.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We will continue to develop three Utah BRFSS questions yearly in order to meet state-specific data needs.

**Activity 4:****Health Access Questions for Adults and Children**

Between 01/2011 and 09/2011, the Surveys Coordinator will include 35 state-added questions on the 2010 BRFSS in order to measure important health insurance and health care access issues for Utah adults and children.

**Activity Status**

Completed

**Activity Outcome**



Health care insurance and access questions were included on the 2011 BRFSS in Utah.

**Reasons for Success or Barriers/Challenges to Success**

Including these questions on the survey went smoothly this year. Analysis of the data built on the previous year and went more smoothly as well. The BRFSS Program was able to produce another report comparable to what had been produced previously when the questions were on another survey. The BRFSS Coordinator attended BRFSS analysis courses at the annual conference.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We were successful in developing the database, analyzing and reporting the data in a way that was comparable.

**Activity 5:**

**Conduct cell phone interviews**

Between 01/2011 and 09/2011, the Surveys Coordinator will conduct 20% of BRFSS interviews in cell-phone only households in order to measure the health status of this growing population.

**Activity Status**

Completed

**Activity Outcome**

The BRFSS Program was able to maintain the cell phone sample size to 20% of the landline sample size. We continue to include a select number of state-added questions on the cell phone survey.

**Reasons for Success or Barriers/Challenges to Success**

The interviewer time required for a completed cell phone interview is greater than that for a land-line interview.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Survey Center team continues to stay current in cell phone interviewing methodology, and in assuring that the interviewers are following protocols to enhance participation of cell phone-only respondents.

**Activity 6:**

**Conduct Spanish interviews**

Between 01/2011 and 09/2011, the Surveys Coordinator will conduct 2% of BRFSS interviews in Spanish in order to measure health status and help eliminate disparities in this growing population in Utah.

**Activity Status**

Completed

**Activity Outcome**

Interviews were conducted in Spanish for the 2011 Utah BRFSS as requested by the individual respondent.

**Reasons for Success or Barriers/Challenges to Success**

Recruiting interviewers who are bilingual in Spanish and English continues to be a challenge. With changes in supervisory staff we have had greater success at retaining qualified, bilingual interviewers.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We work with public partners to recruit qualified interviewers for the in-house collection of BRFSS and other surveys in Spanish

**Impact/Process Objective 2:**

**Enhance BRFSS queriable data set**

Between 10/2010 and 09/2011, the Surveys Coordinator in collaboration with OPHA and UDOH program staff will implement 1 IBIS-Q BRFSS queriable data set with enhanced content and functionality as specified in the activities below.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Surveys Coordinator in collaboration with OPHA and UDOH program staff implemented 0 IBIS-Q BRFSS queriable data set with enhanced content and functionality as specified in the activities below.

**Reasons for Success or Barriers/Challenges to Success**

The state-added health insurance and access questions were more difficult to add to the query module than anticipated due to the three questionnaire methodology and their inclusion on only one of the questionnaires.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We will continue to develop new weighting and analysis capability in the IBIS-PH Query System in order to include these questions in a separate dataset.

**Activity 1:****Update dataset**

Between 01/2011 and 09/2011, the Surveys Coordinator, in collaboration with OPHA and UDOH program staff, will update the BRFSS queriable data set to include data from the 2010 BRFSS.

**Activity Status**

Completed

**Activity Outcome**

A BRFSS 2010 queriable dataset was implemented on the IBIS-PH Query System.

**Reasons for Success or Barriers/Challenges to Success**

We were successful because staff who worked to create the dataset is well trained at creating this type of dataset.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Maintaining expertise on SAS and IBIS Query helps UDOH program staff to create these datasets in a timely manner. The BRFSS Coordinator attended BRFSS SAS and SUDAAN training at the annual BRFSS Conference in order to enhance her understanding of the data management and analysis requirements for the BRFSS data in the query module on IBIS.

**Activity 2:****Add health access data to BRFSS IBIS-Q**

Between 10/2010 and 09/2011, the Surveys Coordinator, in collaboration with UDOH program staff, will upload 1 one health care insurance and health care access dataset on IBIS-Q using data collected through the BRFSS in order to implement the set of query topics established in the previous funding cycle.

**Activity Status**

Not Completed

**Activity Outcome**

Query topics for the insurance and access BRFSS data have been established but they have not yet been implemented on IBIS. The dataset containing these data is forthcoming.

**Reasons for Success or Barriers/Challenges to Success**

We have identified the questions that will be included in the Query Module. However, whereas in the past the BRFSS Query Module has only included adults aged 18 years and older, this module will need to include all ages. Creating a BRFSS data set with all ages is quite challenging and will require more data management expertise and time than we anticipated. And this is all happening when the BRFSS is also changing the weighting methodology to take into account additional demographic variables, and to include cell phone interviews.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The BRFSS Coordinator and a statistician in the Office of Public Health Assessment will attend the BRFSS Annual Conference in order to receive further training in these areas.

**Impact/Process Objective 3:****Maintain IBIS-Q data sets**

Between 10/2010 and 09/2011, the IBIS Query System Program Manager will update **27** datasets on the IBIS Query system and add one new dataset. The updated data will be available online within 2 weeks of it becoming available to OPHA. Textual information included with the data sets will be updated revised as needed.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the IBIS Query System Program Manager updated **27** datasets on the IBIS Query system and add one new dataset. The updated data will be available online within 2 weeks of it becoming available to OPHA. Textual information included with the data sets will be updated revised as needed.

**Reasons for Success or Barriers/Challenges to Success**

The Birth Query Module was updated with 2009 and 2010 data because the IBIS Query Manager, the IBIS Birth Module Data Steward and module users in UDOH worked together to revise the module with the restructured data.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The IBIS-Q Manager worked with people in the Maternal and Child Health Program, and the data steward to develop a way to bridge the data in the IBIS-Q Query Module so that the module can accommodate the changes and allow for tracking trends where possible.

**Activity 1:****Update data sets**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will update each dataset throughout the year within 2 weeks of the data becoming available.

**Activity Status**

Completed

**Activity Outcome**

All data sets were updated within two weeks of the data becoming available to OPHA.

#### **Reasons for Success or Barriers/Challenges to Success**

The IBIS-Q Program Manager worked closely with Data Stewards in order to update the queryable data sets in a timely manner.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The IBIS-Q Data Manager will continue to work across the UDOH to maintain, update and enhance the current data sets and also explore and respond to requests to add other datasets.

#### **Activity 2:**

##### **Update population, race/ethnicity, and small area data**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will update data for one population data module, the race/ethnicity population module, and one small area data module, as data becomes available from the U.S. Census, Utah Governor's Office of Planning and Budget (GOPB), and other sources.

#### **Activity Status**

Completed

#### **Activity Outcome**

It is an on-going challenge to provide the best Utah population numbers on IBIS-PH. We are continuously working with Utah Governor's Office of Planning and Budget (GOPB) staff to get the most recent version of the data down to the county by sex by single-year-of-age level. This information was updated on IBIS. The U.S. Census 2010 data by race were not available during this time period so we couldn't update that module. The Utah Small Health Area data were updated, and were also revised to take into account a new ZIP Code.

#### **Reasons for Success or Barriers/Challenges to Success**

For the IBIS-PH Query System, we provide Utah population estimates and forecasts from the GOPB. This can lead to confusion for users who may be more familiar with the U.S. Census numbers and estimates. This also affects rates as calculated in IBIS-Q.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

We have involved IBIS-Q Data Stewards and users in presentations and decisions about the best population estimates for IBIS-Q. We also work closely with GOPB staff to understand issues with the estimates and how to make the data fit our needs. During this period, the OPHA Director and the Director of the UDOH Center for Health Data met with staff in the University of Utah Bureau of Economic and Business Research to discuss small area estimates for Utah, and the pros and cons of using the American Community Survey.

#### **Activity 3:**

##### **Explore time series analysis and implement it on IBIS query system**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will explore time series analysis and implement 5% of IBIS query modules.

#### **Activity Status**

Completed

#### **Activity Outcome**

The IBIS Query Manager worked with IBIS-PH Community of Practice members, a statistician in the OPHA and the IBIS-PH Analysts Workgroup to implement a test of trend within the IBIS SAS programming for the

secure IBIS-PH test site. The test is based on the non-parametric Mann-Kendall statistic and utilizes the SAS Proc Corr function.

#### **Reasons for Success or Barriers/Challenges to Success**

It was challenging to decide which statistical test to use that would be reliable, easy to implement in the IBIS Query System and understandable.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

To achieve success, we worked with the IBIS Analysts Workgroup, the IBIS CoP and asked for assistance from an experienced BRFSS analyst. We also reviewed other websites and related literature.

#### **Activity 4:**

##### **Utah Prehospital Reporting System**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will add the Utah Prehospital Reporting System module to IBIS-Q in order to provide information about Utah's EMS prehospital data.

#### **Activity Status**

Completed

#### **Activity Outcome**

The Utah Prehospital Reporting System Module was implemented in the IBIS Query System

#### **Reasons for Success or Barriers/Challenges to Success**

The Utah Prehospital System Data Manager was very motivated to be able to include this information in the IBIS Query System. He assisted not only in developing, but also thoroughly testing it and presenting it to users for review and usability testing. He then effectively communicated the usability testing information to the IBIS-Q Manager so it could be used to refine the module.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The IBIS Query Manager worked closely with the Utah Prehospital System Data Manager to develop the module and make sure it worked to his specifications.

#### **Activity 5:**

##### **Utah Violent Death Reporting System**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will continue to add the Utah Violent Death Reporting System module to IBIS-Q in order to provide information about Utah's violent deaths.

#### **Activity Status**

Completed

#### **Activity Outcome**

A prototype of the module has been developed and is currently on the IBIS test server awaiting testing by program staff

#### **Reasons for Success or Barriers/Challenges to Success**

This is a challenging module to implement due to the nature of the data.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff will continue to work with program staff to implement the module.

**Activity 6:****Make 2009 new coding of birth data available for year trend analysis on IBIS**

Between 10/2010 and 09/2011, The IBIS-Q Program Manager will work with program staff to make 2009 birth comparable with previous years data.

**Activity Status**

Completed

**Activity Outcome**

The module has been updated so that the data are comparable across years 2008-2009, and now the 2009 and 2010 data are available on IBIS-Q.

**Reasons for Success or Barriers/Challenges to Success**

The challenge for updating this birth module was the change in how birth certificate data are collected.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In order to achieve success, the IBIS-Q Manager worked with a subgroup of IBIS Analysts that included the Birth Module Data Steward, staff from the Maternal and Child Health Program and other users of the data in order to best accommodate the 2009 and 2010 data that are collected differently in Utah from the data collected in 2008 and before.

**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Maintain reporting infrastructure**

Between 10/2010 and 09/2011, OPHA staff will maintain **1** reporting infrastructure (technical and human resources) to present public health information (data and context) for 180 priority state health objectives.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, OPHA staff maintained **1** reporting infrastructure (technical and human resources) to present public health information (data and context) for 180 priority state health objectives.

**Reasons for Success or Barriers/Challenges to Success**

We were successful because staff in OPHA has developed expertise in maintaining the IBIS-PH Indicator Report Administration System that provides this capability. In addition, OPHA staff is adept at working with the Indicator Report Owners and Editors that use this system to develop, maintain and enhance the Indicator Reports.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff overcame barriers by providing training, supplying reference material in IBIS help files, and providing one-on-one assistance.

**Activity 1:****IBIS Indicator Administration training**

Between 10/2010 and 09/2011, OPHA Staff will provide two IBIS-Admin training sessions to Web content developers.

**Activity Status**

Completed

**Activity Outcome**

OPHA staff provided 5 training sessions during October-November 2010.

**Reasons for Success or Barriers/Challenges to Success**

The training materials have been well developed and were updated this year. These sessions are well attended. Additional OPHA staff members were trained in this activity. One challenge was that not all Indicator Owners and Editors are able to attend the scheduled sessions. There was new staff that was not at all familiar and needed more help understanding the system than people who were more familiar.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In order to accommodate people who could not attend the scheduled training, we maintained and updated tutorials on the IBIS-PH web site and also provided one-on-one technical assistance when requested.

**Activity 2:**

**Ensure reports are up-to-date**

Between 10/2010 and 12/2010, OPHA Staff will ensure that information for 101 priority IBIS Indicator reports is up to date.

**Activity Status**

Completed

**Activity Outcome**

Before the January 2011 Legislative session, Indicator Owners and Editors were notified that the reports were due to be updated. All Indicators with new data were updated and included in the IBIS-PH on-line Public Health Outcome Measures Report by November 1, 2010. A subset of the Indicators was selected to be included in a printed report known as the 'Public Health Outcome Measures Report 2010 Highlights'. The printed report was fairly easily created using the information on IBIS-PH once final updates had been completed for the 42 measures chosen to be included in the report.

**Reasons for Success or Barriers/Challenges to Success**

We were successful in maintaining the IBIS-PH Indicator Reports because we had the support of subject-matter experts from across the health department, and have developed a fairly easy web-based user interface that allows our experts to develop, edit and enhance the Indicators. One challenge to our success was that some staff needed more reminding and assistance to develop and maintain Indicators.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

To overcome barriers, OPHA staff worked closely with Indicator Owners and Editors to make sure that IBIS-PH was meeting their needs. We also provided assistance and training individually. OPHA staff also reviewed all Indicator Reports and assisted in editing.

**Activity 3:**

**Disseminate data**

Between 10/2010 and 12/2010, OPHA Staff will present data and public health context for 101 priority state health objectives in Utah's HP2010 plan and report, and notify all 104 Utah legislators and more than 300 recipients of the Center for Health Data monthly data email that they are available.

#### **Activity Status**

Completed

#### **Activity Outcome**

The 102 priority state health objectives were updated for Utah's Healthy People 2010 Plan and Report (known as the Public Health Outcome Measures Report: <http://ibis.health.utah.gov/phom>). The report included an updated Executive Summary written by Division Directors throughout the Utah Department of Health (UDOH). Utah Legislators and others were notified via the Center for Health Data's monthly email, and a link to the report is included on the UDOH Legislative Portal.

#### **Reasons for Success or Barriers/Challenges to Success**

The big challenge for this report is that it required the active participation of division and program staff throughout the UDOH in order to meet November 1, 2011 deadline.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff started this process early in order to allow UDOH participants ample time to complete assignments and attend needed training.

#### **Activity 4:**

##### **Publish Utah Public Health Outcome Measures**

Between 05/2011 and 09/2011, the Surveys Coordinator in collaboration with UDOH program staff will publish 27 IBIS-PH pre-defined public health indicators that utilize BRFSS data with 2010 BRFSS data for the Utah Public Health Outcome Measures Report.

#### **Activity Status**

Completed

#### **Activity Outcome**

All BRFSS Indicator Reports on IBIS-PH that are part of the PHOM were updated with 2010 data.

#### **Reasons for Success or Barriers/Challenges to Success**

UDOH staff and the BRFSS Coordinator were successful because the BRFSS data are regularly updated and easily queryable in the IBIS Query System for many of the Indicator Reports. One barrier is that the National comparison data are not queryable on IBIS.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The IBIS Query Manager added BRFSS variables to the query system when requested by UDOH and other public health professionals who request the data routinely. For the National comparison, an analyst in the Bureau of Health Promotion developed a SAS program to provide this data for U.S. states and D.C. using the National BRFSS dataset.

#### **Activity 5:**

##### **Update indicators**

Between 05/2011 and 09/2011, the Surveys Coordinator in collaboration with UDOH program staff will update the percent of IBIS-PH pre-defined public health indicators that include BRFSS data by race and ethnicity from zero that include data up through 2009 to 100% that include data up through 2010.



**Activity Status**

Completed

**Activity Outcome**

The BRFSS Indicators were updated to include data by race and ethnicity through 2010.

**Reasons for Success or Barriers/Challenges to Success**

The BRFSS query module on IBIS-Q could be queried by race and ethnicity.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

UDOH staff was made aware of the capability to analyze BRFSS data by race and ethnicity in IBIS-Q. This was something that was requested by analytical staff in UDOH.

**Impact/Process Objective 2:****Update resources**

Between 10/2010 and 09/2011, the Surveys Coordinator will update 100% or resources available to the public online via IBIS from 0% updated to 100% updated as specified in the activities below.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, the Surveys Coordinator updated 50% or resources available to the public online via IBIS from 0% updated to 100% updated as specified in the activities below.

**Reasons for Success or Barriers/Challenges to Success**

Some documents available on the web site have been updated but the more comprehensive web site is still under construction. The BRFSS Coordinator had to devote more time than expected this year to creating the new BRFSS dataset that includes state-added insurance and access questions, and developing the SAS programs to analyze the data.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The BRFSS Coordinator will receive further SAS and SUDAAN training at the next BRFSS Conference.

**Activity 1:****Enhance website**

Between 10/2010 and 09/2011, the Surveys Coordinator will further develop one BRFSS website linked through IBIS-PH from one that is less comprehensive to one that is more comprehensive and user-friendly.

**Activity Status**

Not Completed

**Activity Outcome**

The website has been partially updated.

**Reasons for Success or Barriers/Challenges to Success**

The BRFSS Coordinator had to spend more time on other projects than anticipated.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Other OPHA staff will assist the BRFSS Coordinator in BRFSS analysis particular to the new state-added healthcare insurance and access questions and the new raking weighting procedure.

**Activity 2:****Health Status Updates**

Between 10/2010 and 09/2011, the Surveys Coordinator will upload 10 Utah Health Status Updates that utilize BRFSS data to the web in order to allow wider access to these data and publications.

**Activity Status**

Completed

**Activity Outcome**

Several Utah Health Status Updates were published between 10/2010 and 09/2011 that utilized BRFSS data.

**Reasons for Success or Barriers/Challenges to Success**

BRFSS data is very accessible to other UDOH program staff who participated in writing these reports. There are several UDOH staff members capable of analyzing BRFSS data and the data are also available on IBIS Query.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The BRFSS Coordinator and other OPHA and UDOH staff work hard to make BRFSS data widely available. The BRFSS Coordinator participates in monthly meetings with other program epidemiologists to encourage the use of these data.

**Activity 3:****Health Care Coverage Publications**

Between 10/2010 and 09/2011, the Surveys Coordinator will upload 1 Health Care Coverage "Cheatsheet" to the web in order to allow wider access to the data collected on the 2010 BRFSS related to this topic.

**Activity Status**

Completed

**Activity Outcome**

The report was completed and posted on IBIS. The BRFSS Coordinator continues to develop analysis skills with SAS which will improve the timeliness and maintain the accuracy of this report.

**Reasons for Success or Barriers/Challenges to Success**

OPHA data analysts had developed programs during the previous year that were utilized to analyze the 2010 data and produce the Health Insurance Highlights report.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The BRFSS Coordinator continues to develop analysis skills with SAS which will improve the timeliness and maintain the accuracy of this report.

**Impact/Process Objective 3:****Enhance and Publicize IBIS Community Profiles**

Between 10/2010 and 09/2011, OPHA staff will implement 12 Utah local health district Community Profile reports utilizing data from the IBIS-IRV (Indicator Reporting and Visualization) system SQL data base as updated in a new deployment of the IBIS-PH software system.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, OPHA staff implemented 12 Utah local health district Community Profile reports utilizing data from the IBIS-IRV (Indicator Reporting and Visualization) system SQL data base as updated in a new deployment of the IBIS-PH software system.

**Reasons for Success or Barriers/Challenges to Success**

OPHA staff was unable to activate the reports because the IBIS-PH 2.0 system that would allow them to go live had still not been finalized.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Our strategy was to work with the IBIS-PH Community of Practice members so that we could pool financial resources in order to bring the original IBIS-PH software developer back full time to the IBIS Project. This was a major first-time accomplish for this open-source software community. It was partly possible because of the addition of new state members to the CoP who are actively adopting IBIS.

**Activity 1:****Community Profile Testing and Enhancement**

Between 10/2010 and 09/2011, IBIS Staff will coordinate the usability testing and evaluation of the Community Profiles as deployed on the new version of IBIS-PH in order to promote their accessibility and use by Utah's public health community and citizens.

**Activity Status**

Not Completed

**Activity Outcome**

The Community Profiles could not be deployed on the IBIS-PH production server, so OPHA did not provide training or usability testing in this period. Only internal testing by OPHA staff has been completed so far.

**Reasons for Success or Barriers/Challenges to Success**

The main barrier was the fact that the software developer could not devote the time to finish IBIS-PH 2.0 and complete the transition of the Administration System data base.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff completed the development of the Community Profiles as far as they could without the launch of IBIS 2.0 and they are on the test server ready to be deployed and then tested and refined.

**Activity 2:****Community Profile Publicizing and Training**

Between 10/2010 and 09/2011, IBIS Staff will provide 2 presentations and trainings about the Community Profiles for Local Health Department staff.

**Activity Status**

Completed

**Activity Outcome**

OPHA staff presented information about the Community Profiles at the annual Utah Public Health Association meeting. Staff from Utah's local health departments were present at the training. OPHA staff published a Utah Health Status Update entitled 'Utah's Web-based Community Health Assessment Tool' that included information about the soon-to-be-released profiles.

#### **Reasons for Success or Barriers/Challenges to Success**

OPHA staff were successful in notifying the public health community in Utah that these reports would soon be available, but were unable to provide actual training and testing.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The OPHA Manager is freeing up time for the staff member most capable of implementing the Profiles and other Community Reports on IBIS-PH so she will have more time to devote to these projects.

#### **Activity 3:**

##### **Community Report**

Between 10/2010 and 09/2011, IBIS Staff will test and evaluate the new IBIS-PH Version 2 software Community Reports capability and produce one pilot test prototype for one of Utah's local health districts.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

IBIS staff has worked with the IBIS Community of Practice members to better understand the capability of the Community Reports in IBIS. Because IBIS 2.0 could not be launched, Utah was unable to move forward with implementing the reports.

#### **Reasons for Success or Barriers/Challenges to Success**

According to the original IBIS software developer, the IBIS Indicator Reports were not specifically designed to be able to produce these reports. It was an after-thought so will require more of his time to even evaluate the best way to proceed with developing this capability so that it can be automated.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff will continue to explore the possibility of using these reports as they currently exist in a semi-automated form.

### **Essential Service 8 – Assure competent workforce**

#### **Impact/Process Objective 1:**

##### **Provide Informative and Up-to-date IBIS Help pages**

Between 10/2010 and 09/2011, OPHA staff will update 4 online IBIS Help pages about public health analytic topics and query data bases.

#### **Impact/Process Objective Status**

Met

#### **Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, OPHA staff updated 4 online IBIS Help pages about public health analytic topics and query data bases.

**Reasons for Success or Barriers/Challenges to Success**

It is always challenging to add, update and enhance all of the textual documentation on IBIS-PH. This includes tutorials, help documents and the query system selection, builder and output pages.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff continued to work with the IBIS-PH Analysts Work Group and Data Stewards to create, update and enhance documentation and text throughout IBIS-PH website.

**Activity 1:****Identify topics and draft help pages**

Between 10/2010 and 09/2011, OPHA Staff will identify 4 help topics to address, and publish new updated IBIS help pages for the selected topics.

**Activity Status**

Completed

**Activity Outcome**

OPHA staff identified 4 help topics and published the information on IBIS.

**Reasons for Success or Barriers/Challenges to Success**

As more information is added to IBIS and existing information is modified, it is challenging to maintain up-to-date help information, and other textual information.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff developed a catalogue of IBIS content, somewhat like a site map, in order to list content and assign staff to review and maintain the content at least annually.

**Essential Service 9 – Evaluate health programs****Impact/Process Objective 1:****IBIS Web site visits**

Between 10/2010 and 09/2011, OPHA staff will evaluate 12 monthly IBIS-PH Web site summary utilization reports in order to gauge IBIS-PH usage.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, OPHA staff evaluated 12 monthly IBIS-PH Web site summary utilization reports in order to gauge IBIS-PH usage.

**Reasons for Success or Barriers/Challenges to Success**

OPHA staff were successful in obtaining this information because the UDOH maintained the 'Summary Web Reports' web analytic tool throughout the period.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHA staff will continue to use the existing web analytic tool available on the UDOH intranet site, and will participate with the Department of Technology Services in exploring other web analytic tools through the Health Information Technology Coordination Committee.

**Activity 1:**

**Evaluate web hits**

Between 10/2010 and 09/2011, the IBIS Manager will visit the Utah Department of Health Web page for results of Web site activity monthly to assess which public health indicators, help pages, and IBIS query datasets were accessed.

**Activity Status**

Completed

**Activity Outcome**

A report of visits to the Indicators for all 12 months was sent to Indicator Owners and Editors. A report of the visits to the Query System selection, builder and output pages was created and sent to Data Stewards.

**Reasons for Success or Barriers/Challenges to Success**

The 'Summary Web Report' system is useful in evaluating these web analytics, but really being able to drill down and know the exact parts of IBIS-PH that are being utilized takes a lot of web log data management and analysis.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The IBIS Manager was able to download data from 'Summary Web Reports' to understand Indicators and Query Module usage. We will continue to do these and also train other UDOH staff in evaluating web site monthly activity.

## **State Program Title: Physical Activity, Nutrition, and Obesity**

### **State Program Strategy:**

#### **Goal:**

Evidence suggests that the most desirable primary prevention goal to decrease chronic disease, including heart disease and stroke, is to prevent children with a normal, desirable weight from becoming overweight or obese. The Utah Physical Activity, Nutrition & Obesity (PANO) Program and 12 Local Health Departments (LHDs) are directing primary prevention efforts for childhood obesity toward the elementary schools and middle/junior high schools through the Gold Medal Schools (GMS) program. For a complete list of the criteria please visit <http://health.utah.gov/obesity/gms/guide/Guide.pdf>. In addition to school-based strategies, local health departments are engaged in promoting policy and environmental change in their communities and worksites within their jurisdiction to encourage healthy eating and physical activity.

#### **Primary Internal and External Strategic Partnerships:**

Asthma Program; Cancer Control and Prevention Program; Diabetes Control and Prevention Program; Environmental Quality Program; Immunization Program; Oral Health Program; Heart Disease and Stroke Prevention Program; Tobacco Use Prevention and Control Program; Violence and Injury Prevention Program; and school nurses. Utah's 12 LHDs, , Utah State Office of Education, School Districts, Utah Department of Transportation, Utah League of Cities and Towns, the Utah Parent Teacher Association, the Bureau of Health Promotion (BHP) Healthy Weight Workgroup, BHP School Workgroup, Action for Healthy Kids, and statewide Universities and Colleges.

#### **Role of PHHS BG Funds:**

The Program at the state level is funded by a blend of state and federal monies, and in-kind donations from numerous partners. With PHHS BG funds, a GMS director, policy coordinator, and office technician are able to work with partners to establish Program goals, objectives, and guidelines; provide training to LHD staff, schools, and school coordinators; and provide resources to facilitate program success, including the website, <http://health.utah.gov/obesity/gms>. The UDOH GMS team is responsible for statewide promotion, recruitment efforts, media coverage, technical support to schools and LHDs, policy implementation and building partnerships.

#### **Evaluation Methodology:**

Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long-term evaluation has been developed. Results from this evaluation will become available throughout 2010. Additional evaluation criteria include number of active community environment partnerships developed, community environmental changes made, number of employers and communities applying for and receiving the A Healthier You Community Awards.

## **National Health Objective: 19-3 Overweight or obesity in children and adolescents**

### **State Health Objective(s):**

Between 07/2010 and 06/2016, decrease the percent of Utah children, grades K-6th grades, who are overweight by 17%, from 20.4% in 2010 to 17% in 2016.

#### **State Health Objective Status**

Met

#### **State Health Objective Outcome**

No new surveillance rates are available – data are collected every other year. Data are currently being collected for the year 2012.

**Reasons for Success or Barriers/Challenges to Success**

Funding is always an issue to conduct the Elementary School Height and Weight Measurement Project. School nurses, nursing students, dietetic interns, and other volunteers are recruited to measure and weigh the students. Identifying data entry options has been a challenge this year.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The challenge of data entry is being addressed by creating a remote electronic data capture tool so that the data can be entered in real-time at the school, resulting in immediate population of the database.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

N/A

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES****Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Community and School Assessment**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will collect **450** health status assessments from community and schools to assess baseline nutrition, physical activity and tobacco policy data for program evaluation to assess community and school progress in increasing health promoting policies.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program collected **501** health status assessments from community and schools to assess baseline nutrition, physical activity and tobacco policy data for program evaluation to assess community and school progress in increasing health promoting policies.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Collect GMS baseline data**

Between 09/2010 and 12/2010, collect baseline policy data from 9 new schools through the GMS Heart Health Surveys to assess level of health promoting policies before participating in the GMS program.

**Activity Status**

Completed

**Activity Outcome**

There were 9 new schools but one dropped the program in the middle of the school year



**Reasons for Success or Barriers/Challenges to Success**

One school dropped the program because the Principal wasn't familiar with the Program. The previous Principal applied for to be a GMS and left at the beginning of the school year. The School Coordinator also moved out of state.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Collect GMS follow-up data**

Between 04/2011 and 06/2011, collect follow-up policy data from 85 GMS and Power-Up schools that completed baseline surveys as part of the Bronze level in June 2005 and June 2008 to assess implementation of new health promoting policies after becoming a Gold Medal School.

**Activity Status**

Completed

**Activity Outcome**

There were 229 surveys completed from schools in GMS and Power-Up.

**Reasons for Success or Barriers/Challenges to Success**

Teacher e-mails were collected and the survey was sent through the GMS list serv

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:****Community Strategies and Collect Measures**

Between 07/2010 and 06/2011, 12 local health departments will submit priorities of policies and environmental change efforts to help guide state level training and technical assistance

**Activity Status**

Completed

**Activity Outcome**

All 12 local health departments provided expertise

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Increase GMS Participation**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will increase the number of elementary schools participating in GMS from 373 to 382.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program increased the number of elementary schools participating in GMS from 373 to 381.

**Reasons for Success or Barriers/Challenges to Success**

One school dropped the program because the Principal wasn't familiar with the Program. The previous Principal applied for to be a GMS and left at the beginning of the school year. The School Coordinator also moved out of state.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Promote GMS**

Between 07/2010 and 06/2011, the state and LHDs will promote GMS to at least 30 schools by in-person contacts, presentations or using a combination of both to PTAs, school districts, principals, teachers or staff.

**Activity Status**

Completed

**Activity Outcome**

The state and LHDs provided educations about the GMS program to schools during local presentations, PTA convention, school district meetings, and through other activities.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Track contacts**

Between 07/2010 and 06/2011, the State and LHDs will report and detail all contacts made to promote GMS.

**Activity Status**

Completed

**Activity Outcome**

The state and LHDs promoted the GMS program through community partners, and presentations. Local health departments contacted non-GMS and educated school about the benefits of the Program.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:****Platinum Focus Schools**

Between 07/2010 and 06/2011, the State will provide support and resources 50 platinum focus schools that apply to achieve the next platinum focus level in GMS.

**Activity Status**

Completed

**Activity Outcome**

50 schools applied for the Platinum focus mini grant. There were only 42 schools that received an award for completion of the program.

**Reasons for Success or Barriers/Challenges to Success**

13 Platinum Focus schools did not complete their level because there wasn't support for the Program, did not complete a mid-year report, never heard from the school during the school year, etc.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 4:**

**Web site**

Between 07/2010 and 06/2011, Between 07/2010 and 06/2011, the State will provide 20 list serv messages to schools, LHDs, and stakeholders to increase Web site visibility.

**Activity Status**

Completed

**Activity Outcome**

At least 20 list serv messages were sent to schools, LHDs, and stake holders that provided information regarding activities, events, programs, and health tips

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 5 – Develop policies and plans**

**Impact/Process Objective 1:**

**Increase policies and environmental supports**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will increase the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in community, worksites, and schools from 10,000 to **11,000**.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program increased the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in community, worksites, and schools from 10,000 to **13000**.

**Reasons for Success or Barriers/Challenges to Success**

The number of Schools that are implementing the Platinum level increased making the number of policies increase.

Healthy Community Award applications for higher level criteria increased, with Platinum and Gold level awards receiving the highest proportion of applications. These each require increasing numbers of policies, with Platinum requiring 18 policy and environmental criteria. Two Platinum level applications and one Gold level applications were received.

Healthy Worksite applications were similarly proportionate.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Within worksites, written policies as dictated by the application are not as easily enacted, particularly when contractors performing wellness functions are the instigating force. Unwritten policies or handshake agreements are much more common. Communities face the opposite dilemma in that each action must be voted upon by elected officials with public comment. In this situation, an emphasis is often placed on public employee/environment actions with somewhat limited impact on public behavior.

#### **Activity 1:**

##### **Submit documentation**

Between 01/2011 and 05/2011, the state and LHDs will assist 122 participating GMS and Power-Up schools in writing policies and creating environmental supports during school year 2010-2011.

##### **Activity Status**

Completed

##### **Activity Outcome**

140 schools were provided with tools and education to complete GMS policies

##### **Reasons for Success or Barriers/Challenges to Success**

N/A

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

#### **Activity 2:**

##### **GMS Award Levels**

Between 09/2010 and 05/2011, 120 schools will achieve at least one new GMS medal level implementing approximately 5 policies or environmental supports per level.

##### **Activity Status**

Completed

##### **Activity Outcome**

84 schools completed a level in the GMS program.

##### **Reasons for Success or Barriers/Challenges to Success**

Schools Several schools did not continue on implementing GMS because of lack of funding, they reached the highest level desired, and/or change in administration

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Provide support and resources to the schools to continue implementing GMS. This can be done through education and informing the community, schools and parents about the Program.

**Activity 3:**

**Policy Training**

Between 09/2010 and 05/2011, 100 school coordinators will receive training on how to assist schools with writing policies and submitting reports to GMS.

**Activity Status**

Completed

**Activity Outcome**

140 school coordinators received the opportunity to participate in training on how write policies and submit GMS reports

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 4:**

**Community Awards**

Between 07/2010 and 06/2011, 3 new community awards will receive a new award implementing approximately 23 policies or environmental supports per level.

**Activity Status**

Completed

**Activity Outcome**

3 communities received awards

**Reasons for Success or Barriers/Challenges to Success**

The major barrier to Healthy Community Award applications is not from communities' lack of interest, but a lack of staff time and local technical assistance resources within their region. State level support is available and assistance has been provided to local health departments, but local support is highly valued and unfortunately lacking in capacity to develop community level action.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Resources have been and will continue to be promoted to individual communities through trainings at the Utah League of Cities and Towns conferences and through individual support to local health departments.

**Activity 5:**

**Worksite Awards**

Between 07/2010 and 06/2011, 7 new worksite awards will receive a new award implementing approximately 18 policies or environmental supports per level.

**Activity Status**

Completed

**Activity Outcome**

12 worksites received awards

**Reasons for Success or Barriers/Challenges to Success**

The Healthy Worksite awards have been a fixture in the Utah business community since 2001. This established reputation has catapulted the number of awards to the mid to high 60's with 12 new applications being received by Utah businesses. The awards provide evidence based structure to policy, environmental, and system changes within the private sector within a flexible but rigorous framework in the application process. Financial concerns have both been opportunities and challenges to companies striving to manage health care expenditures via health promotion but with limited staff. A challenge yet to be met is exposure of the award process to newly established organizations.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Continued exposure at industry events such as the Utah Society of Human Resource Managers and other events can promote the awards and the resources available to new companies.

**Essential Service 8 – Assure competent workforce****Impact/Process Objective 1:****Train Stakeholders**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will provide training and/or webinars to 175 stakeholders.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program provided training and/or webinars to 277 stakeholders.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Training sessions**

Between 08/2010 and 06/2011, 25 GMS trainings and/or webinars will be offered to school coordinators, principals, and local health departments.

**Activity Status**

Completed

**Activity Outcome**

The GMS program provided webinars to educate schools, Principals, School Coordinators, and teachers on how to implement the Program successfully. Trainings included: GMS Orientation, Recess Before Lunch, Safe and Active Routes to School, and many more.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****Technical Assistance**

Between 07/2010 and 06/2011, technical assistance will be provided to 12 LHDs through at least six trainings and 6 conference calls.

**Activity Status**

Completed

**Activity Outcome**

Local Health Departments were provided to participate in 31 Webinars and 8 conference calls. GMS updates were also sent 4 times.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:****PANO Planning Forum**

Between 10/2010 and 06/2011, a planning PANO forum will be provided to at least 60 stakeholders.

**Activity Status**

Completed

**Activity Outcome**

The PANO forum provided 4 workgroups the opportunity to develop work plans. Stakeholders, partners, and local health departments contributed to the forum by providing support, resources, and success stories.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Essential Service 9 – Evaluate health programs****Impact/Process Objective 1:****Evaluation**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will evaluate 3 processes, and identify problem areas or gaps in the Program.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program evaluated 3 processes, and identify problem areas or gaps in the Program.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 1:****Evaluate Trainings**

Between 07/2010 and 05/2011, two trainings will be evaluated by the participants and evaluations will be summarized and results used to improve future trainings.

**Activity Status**

Completed

**Activity Outcome**

The GMS PE training and the Obesity Conference provided evaluations to the participants to help improve trainings provided by the PANO program.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 2:****GMS School Coordinator Survey**

Between 10/2010 and 06/2011, one survey will be conducted with school coordinators to determine how support materials, school relationships, and communication can be improved.

**Activity Status**

Completed

**Activity Outcome**

The School survey is sent to Principals and School Coordinators to gather information to help improve GMS.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 3:****GMS Evaluation Workplan**

Between 07/2010 and 06/2011, the GMS evaluation workplan will be revised and at least 3 strategies will be developed for Program improvement.

**Activity Status**

Completed

**Activity Outcome**

The GMS evaluation workplan identified 3 strategies to improve Program progress

**Reasons for Success or Barriers/Challenges to Success**

N/A



**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**State Program Title: Prevention of Rape or Attempted Rape****State Program Strategy:**

According to the 2006 Utah Behavioral Risk Factor Surveillance System (BRFSS), 7.3% of adults experienced rape or attempted rape in their lifetime. Although anyone can be a victim of SV, the lifetime prevalence of rape or attempted rape was significantly higher among women (1 in 8) than men (1 in 50). Of the overall violent crimes that occur in Utah, rape is the only one in which Utah's rate is above the national average. In a state where other violent crimes such as, murder, robbery or aggravated assault is historically half to three times lower than the national average, this is of concern.

The overall goal of the program is to decrease the incidence of rape or attempted rape by:

1) Increasing the understanding and awareness of sexual violence. 2) Building the capacity of disparate communities to prevent sexual violence. 3) Increasing prevention efforts toward disparate populations and 4) Establishing primary prevention coalitions in all disparate communities.

**Primary Strategic Partners:**

The Utah Department of Health (UDOH) collaborates closely with the sexual violence prevention community. A representative sits on the Board of the Utah Sexual Violence Council that is housed in the Governor's Office. Some other primary partners include the Utah Coalition Against Sexual Assault, the Utah Domestic Violence Council, Intermountain Injury Control Research Center, Law Enforcement Agencies, Local Health Departments, Primary Children's Medical Center, UDOH Office of the Medical Examiner, UDOH Bureau of Emergency Medical Services, Utah Department of Human Services Division of Child and Family Services, Utah Crime Victim's Reparations, local rape crisis centers throughout the state, and the Utah State Office of Education.

**Evaluation Methodology:**

Rape rates from the Bureau of Criminal Investigations as well as the collection of the Utah Confidential Rape and Sexual Assault Data Form from all of the rape crisis centers in Utah will be used to evaluate progress toward the overall program goal of decreasing the rate of sexual assaults in Utah. Call data is also collected on the statewide rape crisis hotline. Additionally a plan to collect narrative data to gain insight on students attitudes and behaviors toward relationships has been delayed and so will be continued this year. This program will, in addition to the traditional ways of evaluating rape prevention programs, use FaceBook and other web 2.0 applications to use narrative data from teens which may be used as an indicator for determining teens' attitudes and behaviors regarding healthy relationships and sexual violence.

**National Health Objective: 15-35 Rape or attempted rape****State Health Objective(s):**

Between 10/2010 and 09/2011, Assist in reducing the incidences of rape in Utah to 85 per 100,000 women ages 15 and older.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

In Utah, in 2010 (the most recent year of data), the reported rape rate was 87.1 per 100,000 women ages 15 and older.

Source: Crime in Utah Report 2010. UDOH IBIS Population data.

**Reasons for Success or Barriers/Challenges to Success**

An increase in the reporting of rape may occur because of increased awareness and education. This could potentially negatively impact the rape rate as more people would be reporting even though the incidence of rape may not be increasing.

As we can only get data from rapes that are reported to law enforcement, this is not a true rape rate. Studies in the United States as well as in Utah show that a very small percentage of rape victims report the rape to law enforcement. According to the Rape in Utah, 2007 Survey, only 11.6% of rape victims indicated that they had reported the rape to law enforcement.

Since we are trying to focus our efforts on the primary prevention of sexual violence, it may be several years to see a significant outcome in the rape rate.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

1. Continue to work to raise awareness and educate potential victims about the importance of reporting.
2. Continue to administer household surveys such as BRFSS and the Rape in Utah Survey to get a better picture of the incidence of rape in Utah.
3. Continue to conduct primary prevention activities throughout Utah.

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

Funding provides staff time to address statewide capacity building, collaboration, community mobilization and technical assistance to partners to conduct rape prevention activities. Without PHHS BG funding, rape could not be addressed by our agency outside of Rape Prevention and Education Grant funding that goes to community partners.

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

### **Essential Service 3 – Inform and Educate**

#### **Impact/Process Objective 1:**

#### **The Rape Recovery Center**

Between 10/2010 and 09/2011, The Rape Recovery Center prevention specialists will provide primary prevention focused, sexual violence activities and programming to **1,100** junior high/high school/and university males in Salt Lake County.

#### **Impact/Process Objective Status**

Exceeded

#### **Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, The Rape Recovery Center prevention specialists provided primary prevention focused, sexual violence activities and programming to **6,786** junior high/high school/and university males in Salt Lake County.

#### **Reasons for Success or Barriers/Challenges to Success**

No challenges or barriers. The RRC's program is designed to prevent all forms of violence among youth. By teaching and modeling appropriate behavior students learn to effectively handle conflict so that violence does not take place.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Rape Recovery Center was able to add 4 new High Schools to their prevention efforts which significantly increased the number of students they were able to reach. While we encourage them to do multi-sessions with each group they work with, often teachers are just too stretched for time. Funding is also too small to be able to provide both male and female educators.

#### **Activity 1:**

##### **Rape prevention program**

Between 10/2010 and 09/2011, the RRC will update curriculum for a prevention program that is focused on primary prevention, has a health promotion framework, uses varied teaching methods (to allow participants to build and practice skills over time), be provided by well trained staff and will include outcome evaluation. Program will include topics such as building healthy relationships, gender roles, and expectations, consent/coercion, bystander intervention, etc.

##### **Activity Status**

Completed

##### **Activity Outcome**

Curriculum was updated by center staff and an evaluation was conducted on the curriculum with the teachers and students participating in the program. The Salt Lake Board of Education approved the curriculum and a letter was sent out to the schools announcing the approval. .

##### **Reasons for Success or Barriers/Challenges to Success**

RRC has had more requests for presentations and not enough staff for the demand so schools are having to be turned down

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Without additional funding, more staff time is impossible.

#### **Activity 2:**

##### **Educational session**

Between 10/2010 and 09/2011, the RRC will conduct a minimum of 5 sessions utilizing the new, primary prevention curriculum to junior high and high school aged males.

##### **Activity Status**

Completed

##### **Activity Outcome**

By 09/30/2011 the RRC conducted 32 sessions utilizing the new, primary prevention curriculum to junior high and high school aged males.

##### **Reasons for Success or Barriers/Challenges to Success**

The RRC has a strong working relationship with the schools where these sessions are conducted. RRC plans to maintain this relationship through ongoing feedback and evaluation.

##### **Strategies to Achieve Success or Overcome Barriers/Challenges**

RRC plans to maintain this relationship through ongoing feedback and evaluation.

#### **Activity 3:**

##### **Evaluation**

Between 10/2010 and 09/2011, the RRC and UCASA will conduct evaluation on each objective and report success to the Utah Department of Health bi-annually.

**Activity Status**

Completed

**Activity Outcome**

The RRC and UCASA each submitted a progress report in May and a final report in November.

**Reasons for Success or Barriers/Challenges to Success**

There are no barriers regarding bi-annual reports. However, long term measures for evaluating their primary prevention programs are needed. Currently pre and post tests, evaluation feedback forms, and teacher evaluations are used. RRC is currently working on collecting data on the attitudes, beliefs and behaviors of the students in their groups. The anticipate the findings will reflect a significant decrease in identified "sexual violence supportive" attitudes and behaviors.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

RRC is currently working on collecting data on the attitudes, beliefs and behaviors of the students in their groups. The anticipate the findings will reflect a significant decrease in identified "sexual violence supportive" attitudes and behaviors.

**Essential Service 4 – Mobilize Partnerships****Impact/Process Objective 1:****Collaboration/Coordination**

Between 10/2010 and 09/2011, The Utah Coalition Against Sexual Assault and Violence and Injury Prevention Staff will increase the number of counties that currently have sexual assault prevention coalitions from five to ten.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, The Utah Coalition Against Sexual Assault and Violence and Injury Prevention Staff increased the number of counties that currently have sexual assault prevention coalitions from five to ten.

**Reasons for Success or Barriers/Challenges to Success**

In order to receive funding for prevention programs, each grantee was required to show that they were working with a community coalition with a goal to prevent sexual violence in their communities. Coalitions are currently established in the following counties: Cache, Rich, Box Elder, Weber, Salt Lake, Utah, Washington, Grand and Tooele. Richfield city also has a coalition.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In order to receive funding for prevention programs, each grantee was required to show that they were working with a community coalition with a goal to prevent sexual violence in their communities.

**Activity 1:****Continue to support the Utah Sexual Violence Council**

Between 10/2010 and 09/2011, UCASA and VIPP will continue to provide staff support to the Utah Sexual Violence Council, in order to link USVC's support into the disparate counties, by participating in at least 75% of bi-monthly council meetings as well as monthly subcommittee meetings.

**Activity Status**

Completed

**Activity Outcome**

VIPP staff participated on 100% of the USVC meetings. Additionally, VIPP staff serve as co-chairs of the Prevention Subcommittee of the USVC

**Reasons for Success or Barriers/Challenges to Success**

Staff at UCASA and the VIPP are dedicated to working with the Utah Sexual Violence Council. Currently the executive director of UCASA and the program coordinator of VIPP serve on the Executive Committee of the USVC. Additionally, staff members from VIPP as well as UCASA serve on each of the subcommittees of the council which include; prevention, treatment, justice and policy and legislation.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None

**Activity 2:****Sexual Violence Summit**

Between 03/2011 and 06/2011, Conduct a survey of participants attending the Sexual Assault Prevention Summit to identify stakeholders in each Judicial District in order to establish prevention coalitions in the county system.

**Activity Status**

Completed

**Activity Outcome**

The survey was conducted and distributed in the spring of 2011. Results of the survey were published and provided to participants in each judicial district during the Sexual Violence Summit. The copy of the survey can be found here:

[http://www.surveymonkey.com/s.aspx?PREVIEW\\_MODE=DO\\_NOT\\_USE\\_THIS\\_LINK\\_FOR\\_COLLECTION&sm=CWB3Uw128CHhmCQ81NbVQAw%2fwDIkIhR6KmwdbXzrA%3d](http://www.surveymonkey.com/s.aspx?PREVIEW_MODE=DO_NOT_USE_THIS_LINK_FOR_COLLECTION&sm=CWB3Uw128CHhmCQ81NbVQAw%2fwDIkIhR6KmwdbXzrA%3d)

**Reasons for Success or Barriers/Challenges to Success**

The response to the survey was underwhelming especially from the rural areas of the state. Minimal resources and partnerships make it difficult to reach out to these underserved areas. We will be conducting another survey with the contacts we made at the Summit in order to build on our understanding of the existing programs.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The sexual violence prevention summit was held in order to bring people together from all areas of the state for the common purpose of strengthening the capacity and momentum to prevent sexual violence. Education on primary prevention, coalition building and strategic planning was provided in the morning and the afternoon was spent in groups to build partnerships and to begin community planning.

**Activity 3:****Technical Support to Disparate Counties**

Between 01/2011 and 09/2011, UCASA and VIPP will work closely with stakeholders in the five disparate counties to support the prevention coalitions. A minimum of 100 hours of technical assistance will be provided.

**Activity Status**

Completed

**Activity Outcome**

UCASA has been working very closely with New Horizons in Richfield to conduct and evaluate the Safe Dates program. They have provided well over 500 hours of technical assistance to New Horizons. Additionally, VIPP provided 96 hours of technical assistance to professionals working in Box Elder, Sevier, Weber, Salt Lake and Grand counties. Technical assistance will also be provided to all communities represented at the Sexual Violence Summit.

**Reasons for Success or Barriers/Challenges to Success**

Grantees are required to attend bi-annual training meetings. We also conduct yearly site visits with each grantee in order to review their progress and conduct needs assessments.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

**Essential Service 7 – Link people to services**

**Impact/Process Objective 1:**

**Rape and Sexual Assault Crisis Line**

Between 10/2010 and 09/2011, The Utah Department of Health, Violence and Injury Prevention Program will maintain 1 statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, The Utah Department of Health, Violence and Injury Prevention Program maintained one statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

**Reasons for Success or Barriers/Challenges to Success**

The toll free sexual assault crisis line - 1-888-421-1100 is free for calls within the state. Calls are automatically routed to the local rape crisis center from where the call originates. The only challenge that we experienced this year was the implementation of a new area code. As these numbers are added to the system, we have to have them added in order for them to be routed correctly. Any number that the system does not recognize is automatically routed to the Salt Lake City Rape Crisis Center.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Yearly reviews are conducted by VIPP staff of all new exchanges and/or area codes in Utah and an updated list is forwarded to our DTS who works with the telephone company to have the exchanges added. The Rape Crisis Center is amiable about fielding calls that are incorrectly routed and they either transfer call to the correct agency or provide them with the correct number to call for the callers area.

**Activity 1:**

**Accept and route calls**

Between 10/2010 and 09/2011, a minimum of 2,000 rape and sexual assault crisis and information calls will be routed to local rape crisis centers throughout the state via the 24 hour, toll free crisis line maintained by the Utah Department of Health.

**Activity Status**

Not Completed

#### **Activity Outcome**

Between 10/1/2010 and 09/30/2011 377 calls were made to the statewide toll free line. This is significantly lower than we anticipated.

#### **Reasons for Success or Barriers/Challenges to Success**

Last year we were unable to obtain phone bills for the year in order to gauge what the number of calls might be for the upcoming year. VIPP advertises the toll-free line on a statewide basis but the local crisis centers, for the most part, list their local rape crisis numbers online and on their distribution materials. For this reason, the number of calls to the toll free line have been decreasing. We anticipate that the number of calls to the toll free line will remain around 300 to 400 calls per year. We believe it's imperative to have one number to publicize on a statewide basis for rape crisis and information, however, we will adjust our target numbers for the purpose of this grant.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

We believe it's imperative to have one number to publicize on a statewide basis for rape crisis and information, however, we will adjust our target numbers for the purpose of this grant.

#### **Activity 2:**

##### **Promote line**

Between 10/2010 and 09/2011, the toll free line will be advertised on the VIPP website, brochures and information packets distributed by rape prevention programs throughout the state and in all local telephone directories in the state.

#### **Activity Status**

Completed

#### **Activity Outcome**

The toll free line is prominently displayed on the VIPP website as well as UCASA and RRC's websites. All new brochures printed with funding from the VIPP have included the toll free line. We advertise in all local telephone directories in the state as well as online telephone directories. All of these directories have the toll free line listed for rape crisis or information on sexual assault.

#### **Reasons for Success or Barriers/Challenges to Success**

A system is in place through the health department to provide the crisis line information in the directories each year.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

No real challenges exist, however, it was too cost prohibitive to require the rape crisis programs to print new brochures with the toll-free line so as they are printing or updating new brochures or information packets they are including the toll free number. Most programs are also including their local numbers so they don't miss calls from people calling on an out of state area code.

#### **Impact/Process Objective 2:**

##### **Training**

Between 10/2010 and 09/2011, UCASA will provide training, information and resources on sexual assault prevention to a minimum of 150 county stakeholders in Utah.

#### **Impact/Process Objective Status**

Exceeded



**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, UCASA provided training, information and resources on sexual assault prevention to 672 county stakeholders in Utah.

**Reasons for Success or Barriers/Challenges to Success**

UCASA has provided training, technical assistance, information and/or resources to the Rape Recovery Center, SafeHarbor Crisis Program, New Hope Crisis Center, CAPSA, Center for Women and Children in Crisis, Seekhaven Crisis Center, Your Community Connection, DOVE Crisis Center, New Horizons Crisis Center, Unified Sheriff's Department, Planned Parenthood Association, Utah State Office of Education, Utah State University, University of Utah, Bear River Health Department, Syracuse Police Department, Utah Crime Victims Legal Clinic, Division of Child and Family Services, Weber Human Services, Utah Department of Corrections, Hill Air Force Base, Prevent Child Abuse Utah, Davis Behavioral Health, Grandfamilies, Salt Lake City Mayors Office, SLUTwalk Salt Lake City, Utah County Sheriff's Office, Utah Board of Pardons .

**Strategies to Achieve Success or Overcome Barriers/Challenges**

UCASA has an outstanding reputation and working relationship with partners throughout the state. They have had some turnover which causes a lag in services while a new prevention specialist is trained. They are currently hiring for a new prevention educator. VIPP will work closely with this person so the lag will be minimal.

**Activity 1:****Maintain website**

Between 10/2010 and 09/2011, UCASA will maintain and update their webpage designed for people and professionals seeking information on prevalence of sexual assault, training availability and prevention of sexual assault.

**Activity Status**

Completed

**Activity Outcome**

UCASA updates their website almost daily. They also maintain a facebook page and a twitter account. They have a monthly e-newsletter that is distributed to 1600 professionals every month. On their website they maintain an updated training calendar and have up-to-date data, reports and journal articles.

**Reasons for Success or Barriers/Challenges to Success**

We are working with UCASA to provide an online clearinghouse for professionals. This would enable professionals throughout the state to share tools as well as get technical assistance.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Funding has inhibited our ability to implement the clearinghouse. We are hopeful that we can obtain a small grant from the Commission on Criminal and Juvenile Justice this year to develop this tool.

**Activity 2:****Technical assistance**

Between 10/2010 and 09/2011, UCASA and VIPP will provide at least 20 hours of technical assistance linking coalitions to existing community based Rape Prevention agencies conducting primary prevention activities in their communities.

**Activity Status**

Completed

**Activity Outcome**

Staff of VIPP and UCASA have provided over 100 hours of technical assistance to eight Rape Prevention Education Agencies as well as the Victim Advocate Program in Tooele County.

UCASA works very closely with all of the rape crisis centers in the state. They have fielded calls and conducted training and technical assistance. VIPP has held two technical assistance calls with contracted programs as well as conducted two meetings with the programs and other invited guests.

**Reasons for Success or Barriers/Challenges to Success**

VIPP holds two day-long, mandatory rape education meetings each year. We also held one webinar and have plans to do webinars every other month over the next year. Technical review calls and site visits are also held every year. We were able to reach 110 professionals at the Sexual Violence Summit with technical assistance and training.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time.

**Essential Service 9 – Evaluate health programs****Impact/Process Objective 1:****Evaluate efforts**

Between 10/2010 and 09/2011, The Utah Coalition Against Sexual Assault and the Utah Department of Health will evaluate **100%** of training, prevention, and capacity activities.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2010 and 09/2011, The Utah Coalition Against Sexual Assault and the Utah Department of Health evaluated **100%** of training, prevention, and capacity activities.

**Reasons for Success or Barriers/Challenges to Success**

Evaluations are administered and the results evaluated for every training event conducted by UCASA, RRC and VIPP. Ongoing evaluation via survey is also conducted periodically with all grantees. A capacity evaluation was conducted in 2009 and will be conducted again over the next year. Evaluation reports are available for inspection.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A capacity evaluation will be conducted again in 2011/12.

**Activity 1:****Progress reporting**

Between 11/2010 and 05/2011, UCASA and RRC will submit mid-year reports by May 15, 2011 and year-end reports by November 15, 2011 reporting on number educated, clients served and progress on program objectives, and receive written feedback from State Program. VIPP will provide written feedback to UCASA and RRC within 30 days of receipt of mid-year and final reports.

**Activity Status**

Completed

**Activity Outcome**

Progress reports were received by UCASA and the RRC in November of 2010 and May 2011. VIPP provided feedback on activities, outcome and evaluation to UCASA and RRC in May and November, as well.

#### **Reasons for Success or Barriers/Challenges to Success**

The mid year and final reports have a standing due date each year and the date is included in UCASA and RRC's contracts. Meetings are held in May and November each year and programs are encouraged to submit their reports at the meeting.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The mid year and final reports have a standing due date each year and the date is included in UCASA and RRC's contracts. Meetings are held in May and November each year and programs are encouraged to submit their reports at the meeting.

#### **Activity 2:**

##### **Evaluate training sessions**

Between 10/2010 and 09/2011, An evaluation tool will be used for all training sessions and professional development sessions. The results will be compiled and used to inform future training sessions.

#### **Activity Status**

Completed

#### **Activity Outcome**

Written evaluations were collected from participants at all training sessions and the professional development sessions conducted by UCASA. Additionally, a survey was conducted with each of the rape prevention educators to assess training needs and technical assistance needs. This survey was completed and submitted with the final report.

#### **Reasons for Success or Barriers/Challenges to Success**

UCASA and VIPP staff believe that feedback and evaluation are important in order to provide the educators with the tools they need. When a training need or technical need is identified staff work diligently to provide whatever topic or assistance to the educators

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

None at this time

#### **Activity 3:**

##### **Capacity**

Between 10/2010 and 09/2011, Success of capacity growth will be measured by the following:

- Prevention Coalitions have established strategic prevention plans in the five disparate counties
- The number of organizations, individuals, and communities receiving tools to increase their prevention capacity has been increased.
- UCASA and VIPP have received an increase in technical assistance requests from the five disparate counties.
- Technical assistance needs have been met.

#### **Activity Status**

Not Completed

**Activity Outcome**

Prevention coalitions have been established in ten communities in Utah and a sexual violence prevention summit was held in January in order to mobilize other communities in the state in developing coalitions and plans. We have met all identified technical assistance needs.

Goals of this full day summit are to mobilize communities and provide these communities with the tools they need to establish coalitions to make prevention a priority in their communities.

**Reasons for Success or Barriers/Challenges to Success**

Including a requirement for communities to have a coalition and strategic plan has ensured that any community receiving funding from the Utah Department of Health has an active coalition. The Statewide Sexual Violence Summit also provided us with a forum to provide assistance, instruction, and education around the importance of coalition building.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Utah Sexual Violence Council will provide ongoing technical assistance to each judicial district that participated in the Summit. Each group will have at least one council member assigned to them to have monthly calls, assessments, etc. It is hoped that this will keep the momentum going in each district.